

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

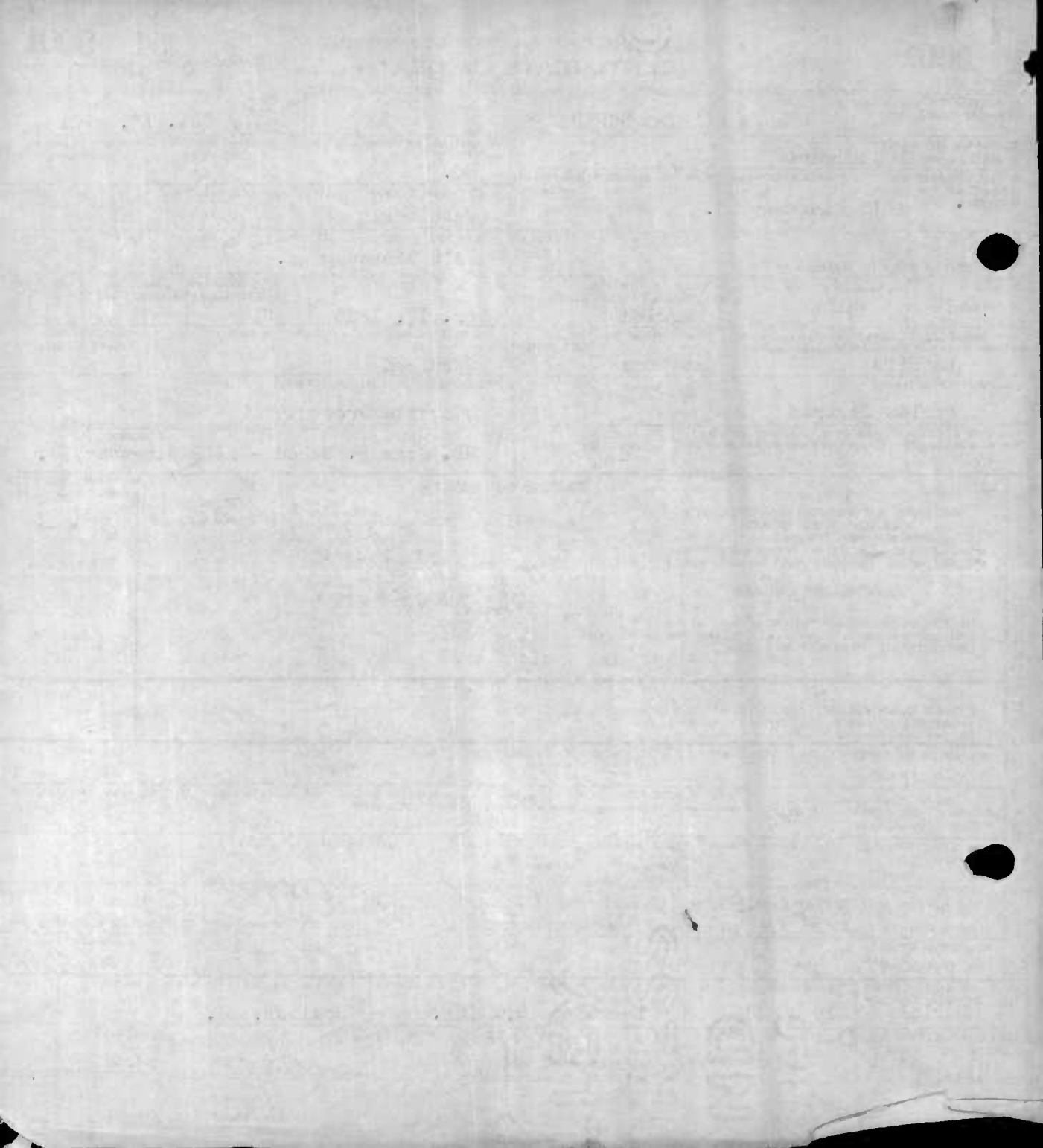
Registered No. **51 9001**

1. NAME OF DECEASED (Type or Print) <b>ANNA LILLIAN SCHAD</b>		2. DATE OF DEATH <b>Oct. 18, 1951</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <b>1419 Kingsway Rd.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <b>1419 Kingsway Rd.</b>	
5. SEX <b>female</b>	6. COLOR or RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Apr. 17, 1880</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>at home</b>	9. AGE (In years last birthday) <b>71</b> If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
13. FATHER'S NAME <b>Charles Bertram</b>		14. MOTHER'S MAIDEN NAME <b>Lucretia Grossman</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknowns) <b>no</b>	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT ADDRESS <b>Mr. John F. Schad - 1419 Kingsway Rd.</b>

18. <b>198.2 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH <b>Carcinoma of retrosternal lymph glands.</b> <b>Metastasis</b> (A) _____ DUE TO _____ (B) _____ DUE TO _____ (C) _____	INTERVAL BETWEEN ONSET AND DEATH <b>6 hrs</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>none</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Oct 17, 1951</b> to <b>Oct 18, 1951</b> , that I last saw the deceased alive on <b>Oct 18, 1951</b> and that death occurred at <b>12:30 p.m.</b> from the causes and on the date stated above.					
23A. SIGNATURE <i>[Signature]</i>		23B. ADDRESS <b>3033 W. North Ave.</b>		23C. DATE SIGNED <b>10/18/51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10/20/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Lorraine Park Cem.</b>	
				24D. LOCATION (City, town, or county) (State) <b>Woodlawn, Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 19 1951</b>		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR ADDRESS <b>St. M. J. Lickner &amp; Sons</b> <b>Balto., Md.</b>	

MEDICAL CERTIFICATION





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **51 9002**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**Mr. John Bernhardt**

2. DATE  
OF

DEATH **October 18, 1951**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

**Maryland**

**BALTO.**

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

**DUNDALK**  
**Baltimore**

**153-00**

D. STREET ADDRESS (If rural, give location)

**18 Township Road**

Length of stay in Baltimore

**28yr.**

Yrs.  
Mos.  
Days

5. SEX

**Male**

6. COLOR OR RACE

**White**

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
**Single**

8. DATE OF BIRTH

**Sept. 13, 1904**

9. AGE (In years  
last birthday)

**47**

If Under 1 Year  
Months Days

If Under 24 Hours  
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Machinist**

10B. KIND OF BUSINESS OR INDUSTRY

**Locek Incorp.**

11. BIRTHPLACE (State or foreign country)

**Europe**

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

**Unknown**  
**Porcelain Factory (M)**

14. MOTHER'S MAIDEN NAME

**Unknown**

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

**Mrs. Ann Mueller**  
**Dundalk Ave.**

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Myocardial infarction**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **10/17/1951** to **10/18/1951**, that I last saw the deceased alive on **10/18/1951**, and that death occurred at **5:40 AM**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

**1400 N. Caroline Street**

**10/18/51**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

**OCT 19 1951**

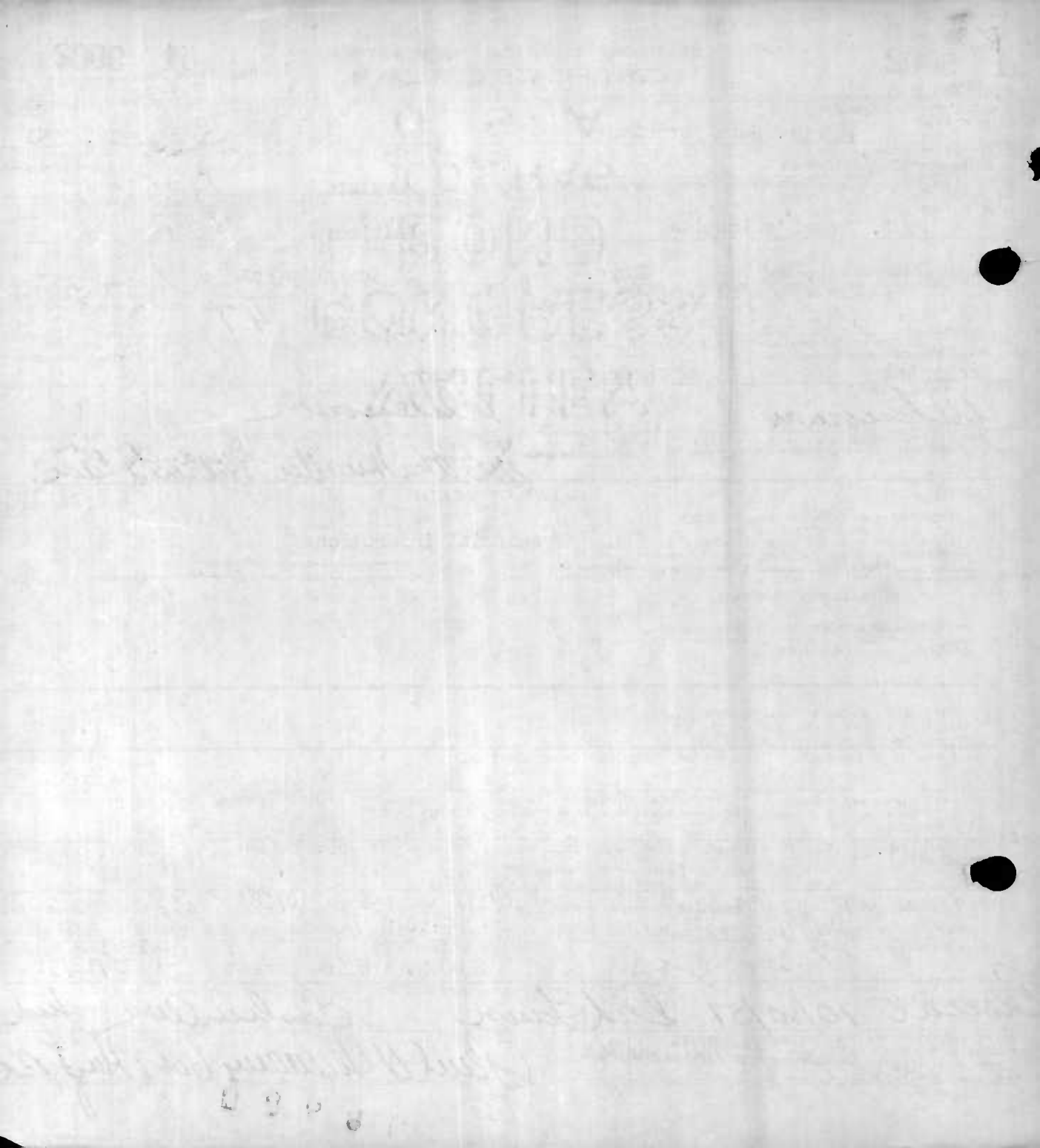
**Livingston Williams, M.D.**

**Paul J. Newman 6067 Hay Rd**

VS 150

**54438 089894a**

MEDICAL CERTIFICATION



652  
51 9003  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9003

1. NAME OF DECEASED (Type or Print) <b>CHARLES B. CERNIGLIA</b>			2. DATE OF DEATH <b>Octo. 18, 1951</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>2035 E. Lanvale Street</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
Length of stay in Baltimore <b>Life</b> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>2035 E. Lanvale Street</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 8, 1903</b>		9. AGE (In years last birthday) <b>48</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Barber</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>Lexington Barber</b>		11. BIRTHPLACE (State or foreign country) <b>Shop, Baltimore, Md.</b>
13. FATHER'S NAME <b>Salvadore Cerniglia</b>			14. MOTHER'S MAIDEN NAME <b>Angela Liberta</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>no</b>			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>2035 E. Lanvale Street Mrs. Catherine M. Cerniglia</b>			18. CITIZEN OF WHAT COUNTRY? <b>USA</b>		

18. <b>442 X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <b>Cardiac Dilatation</b> DUE TO (B) <b>Cardiac Hypertensive Renal Disease</b> DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> <b>2 years</b>
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **October 16, 1951** to **October 18, 1951**, that I last saw the deceased alive on **October 17, 1951**, and that death occurred at **605A** m., from the causes and on the date stated above.

23A. SIGNATURE <b>Albert Eisenberg</b>	23B. ADDRESS <b>2025 East North Ave</b>	23C. DATE SIGNED <b>10-18-51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24B. DATE <b>10/22/51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>New Cathedral Cem.</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 19 1951</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>HENRY SANDER &amp; SONS, INC.</b> <b>BALTO., 13, MD.</b>	

1940  
1941

1942  
1943

1944  
1945

1946  
1947

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **51 9004**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>MARIE E. VOSHELL</b>			2. DATE OF DEATH <b>Oct. 18, 1951</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>2202 Pelham Avenue</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
D. STREET ADDRESS (If rural, give location) <b>2202 Pelham Avenue</b>			E. LENGTH OF STAY IN BALTIMORE <b>Life</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 21, 1891</b>		9. AGE (In years last birthday) <b>60</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>at home</b>		11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			13. FATHER'S NAME <b>Baldwin Hick</b>		
14. MOTHER'S MAIDEN NAME <b>Unknown</b>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>no</b>		
16. SOCIAL SECURITY NO. <b>none</b>			17. INFORMANT <b>2202 Pelham Ave. Mr. Wm. F. Voshell</b>		

18. <b>430.1 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Acute Coronary occlusion.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b>
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>(A) DUE TO</b> <b>(B) DUE TO</b> <b>(C)</b>		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

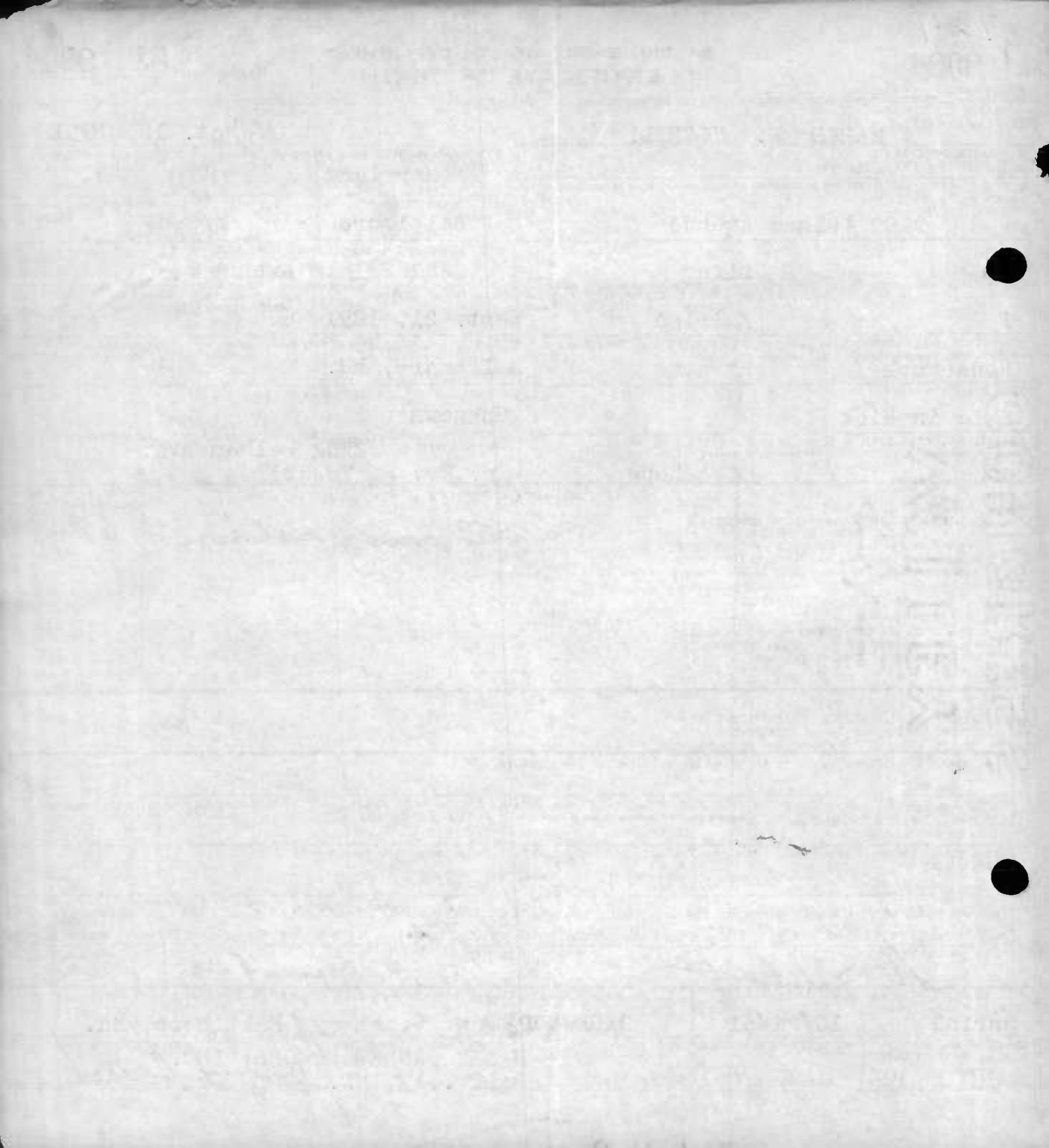
22. I hereby certify that I attended the deceased from **Oct. 12, 1951**, to **Oct. 18, 1951**, that I last saw the deceased alive on **Oct. 17, 1951**, and that death occurred at **7:00 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE <i>Wm. J. McManus</i>	23B. ADDRESS <b>701 N. Pennwood Ave.</b>	23C. DATE SIGNED <b>10/18/51</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24B. DATE <b>10/22/51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>PARKWOOD Park Cemetery</b>
24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>		25. FUNERAL DIRECTOR <b>HENRY SANDER &amp; SONS, INC.</b>

DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 19 1951</b>	REGISTRAR'S SIGNATURE <i>Wm. J. McManus</i>	ADDRESS <b>BALTO., 13, MD</b>
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MEDICAL CERTIFICATION

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1 9005

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9005

Registered No. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <i>William Roberts Kelley</i>		2. DATE OF DEATH <i>10.18.1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Doctors Hospitals</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore MIDDLE RIVER</i>	
Length of stay in Baltimore <i>11 years</i>		D. STREET ADDRESS (If rural, give location) <i>Box 162A Rt 15 Balt 20 Md.</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>VII. 6 1903</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>carpenter</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>carp.</i>	
13. FATHER'S NAME <i>Charles Filton Kelley</i>		14. MOTHER'S MAIDEN NAME <i>Laura Elizabeth Crago</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>wife</i>		ADDRESS	

MEDICAL CERTIFICATION	18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Cerebral hemorrhagia, spontaneous</i> DUE TO (B) <i>Hypertensive Cardio Vasc. Disease.</i> DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>
	19A. DATE OF OPERATION <i>none.</i>	19B. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office hldg., etc.) _____	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____
	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from *Oct. 15* 1951, to *Oct. 18*, 1951, that I last saw the deceased alive on *Oct 17*, 1951, and that death occurred at *4:12 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Irving Beck</i>		23B. ADDRESS <i>901 FUSELAGE AV Baltimore 20 Md</i>		23C. DATE SIGNED <i>10/19/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24B. DATE <i>Oct. 20-51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Carmichael</i>	24D. LOCATION (City, town, or county) (State) <i>Pittsburg, Penna.</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 19 1951</i>		REGISTRAR'S SIGNATURE <i>John G. Connelly</i>		25. FUNERAL DIRECTOR <i>John G. Connelly - 418 Eastern Ave</i>	



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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9006  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>John DAUKSA</i>		2. DATE OF DEATH <i>10.17.51</i>	
3. PLACE OF DEATH A. Baltimore City, Maryland <i>Baltimore</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Baltimore</i> B. COUNTY <i>MARYLAND</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Maryland General Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTIMORE 22-06</i>	
D. STREET ADDRESS (If rural, give location) <i>632 PORTLAND STREET.</i> <del>1103 Bayard St.</del>			
Length of stay in Baltimore <i>40</i> Yrs. Mos. Days			
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>1888</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>tailoring</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>COAT-MAKER.</i>	9. AGE (In years last birthday) <i>63</i>
13. FATHER'S NAME <i>LANKOWNY</i>		11. BIRTHPLACE (State or foreign country) <i>LITHUANIA</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		12. CITIZEN OF WHAT COUNTRY? <i>U S A.</i>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>UNKNOWN.</i>	
17. INFORMANT <i>WILLIAM LOUIS</i>		ADDRESS <i>1103 BAYARD ST.</i>	

18. <i>331X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Wernia</i> (A) DUE TO	CAUSE OF DEATH <i>Wernia</i>	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>C. V. t. disease</i> (B) DUE TO <i>Cerebral Vascular Accident</i>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>10</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *10.16*, 1951, to *10.17*, 1951, that I last saw the deceased alive on *10.17*, 1951, and that death occurred at *6 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE *W. K. Brum* M. D. 23B. ADDRESS *Maryland General Hospital* 23C. DATE SIGNED *10.18.51*

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24B. DATE <i>10/20/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>HOLY REDEEMER.</i>	24D. LOCATION (City, town, or county) (State) <i>BELOIR RD. MARYLAND.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 19 1951</i>	REGISTRAR'S SIGNATURE <i>William Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>CHARLES W. KACHOUSKAS</i>	
		ADDRESS <i>703 MCHENRY ST.</i>	

From deceased's history by phone  
10/22/51 ES

152  
51 9007

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9007  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>William H. Robinson</b>			2. DATE OF DEATH <b>10-16-1951</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Mo.</b> B. COUNTY <b>Balto.</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>532 Johansen St.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <b>Balto.</b>		
C. Length of stay in Baltimore Yrs. Mos. Days <b>532 Johansen St.</b>			D. STREET ADDRESS (If rural, give location)		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Col.</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 9 1880</b>	9. AGE (in years, last birthday) <b>71</b>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Steno done</b>			11. BIRTH PLACE (State or foreign country) <b>Va.</b>		
10B. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13. FATHER'S NAME <b>?</b>			14. MOTHER'S MAIDEN NAME <b>Mary Ferguson</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>			16. SOCIAL SECURITY NO. <b>Grace Griffin</b>		
17. INFORMANT <b>Grace Griffin</b>			ADDRESS <b>Harlem Ave. 903</b>		

18. <b>442X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cardio Vascular Renal Disease</b> DUE TO INTERVAL BETWEEN ONSET AND DEATH <b>18 Mon</b>	CAUSE OF DEATH (A) <b>Cardio Vascular Renal Disease</b> (B) (C) DUE TO
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <b>8-19</b> , 19 <b>50</b> to <b>10-16</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>10-16</b> , 19 <b>51</b> and that death occurred at <b>m.</b> , from the causes and on the date stated above.		
23A. SIGNATURE <b>W. R. Twiss</b>	23B. ADDRESS <b>554 Dolphin St</b>	23C. DATE SIGNED <b>10-19-51</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>10/29/1951</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mt Auburn Cem</b>
24D. LOCATION (City, town, or county) <b>Balto</b>	24E. STATE <b>Mo.</b>	25. FUNERAL DIRECTOR <b>Wm. H. Williams</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 19 1951</b>		



640  
1 9008BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9008  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Wilhelm Kehrle</i>		2. DATE OF DEATH <i>Oct. 18-1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>			
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>2725 Chesterfield Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 21-01</i>			
Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>2725 Chesterfield Ave</i>			
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Nov. 13, 1872</i>	9. AGE (in years last birthday) <i>78</i>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Brewer</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Germany</i>	
13. FATHER'S NAME <i>Friedelene Kehrle</i>		14. MOTHER'S MAIDEN NAME			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Mrs. Emma Kehrle, Chesterfield</i>	
18. <i>150X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma Oesophagus</i>		CAUSE OF DEATH (A) <i>Carcinoma Oesophagus</i> DUE TO (B) DUE TO (C) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH <i>8 mo.</i>	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>March</i> , 19 <i>51</i> , to <i>Oct 18</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>Oct 17</i> , 19 <i>51</i> , and that death occurred at <i>m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>J. S. Handing</i>		23B. ADDRESS <i>3805 Belair Rd</i> M. D.		23C. DATE SIGNED <i>Oct 19/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Cremation</i>		24B. DATE <i>10- -51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Greenmount</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 20 1951</i>		REGISTRAR'S SIGNATURE <i>W. J. Williams, M.D.</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>	
25. FUNERAL DIRECTOR <i>R. J. Luck</i>		ADDRESS <i>5305 Harford Rd</i>			



Dr. Hawley



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 9009  
Registered No.

321  
51 9009  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Henry Stockbridge, III</b>			2. DATE OF DEATH <b>October 18, 1951</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>none</b>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <b>507 Woodside Road</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
D. Length of stay in Baltimore <b>life</b>			E. STREET ADDRESS (If rural, give location) <b>507 Woodside Road</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>December 21, 1885</b>		9. AGE (In years last birthday) <b>65</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>executive</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>PATENT HOLDING AND LICENSING</b>	11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>
13. FATHER'S NAME <b>Judge Henry Stockbridge, Jr.</b>			14. MOTHER'S MAIDEN NAME <b>Helen Smith</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Mr. E. S. Stockbridge - 10 Light St., Balto.</b>		

18. <b>420.1 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 da.</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Myocardial Decompensation</b>		<b>1 day</b>
(C) <b>Emphysema + Chr. Bronchitis</b>		<b>8 yrs.</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

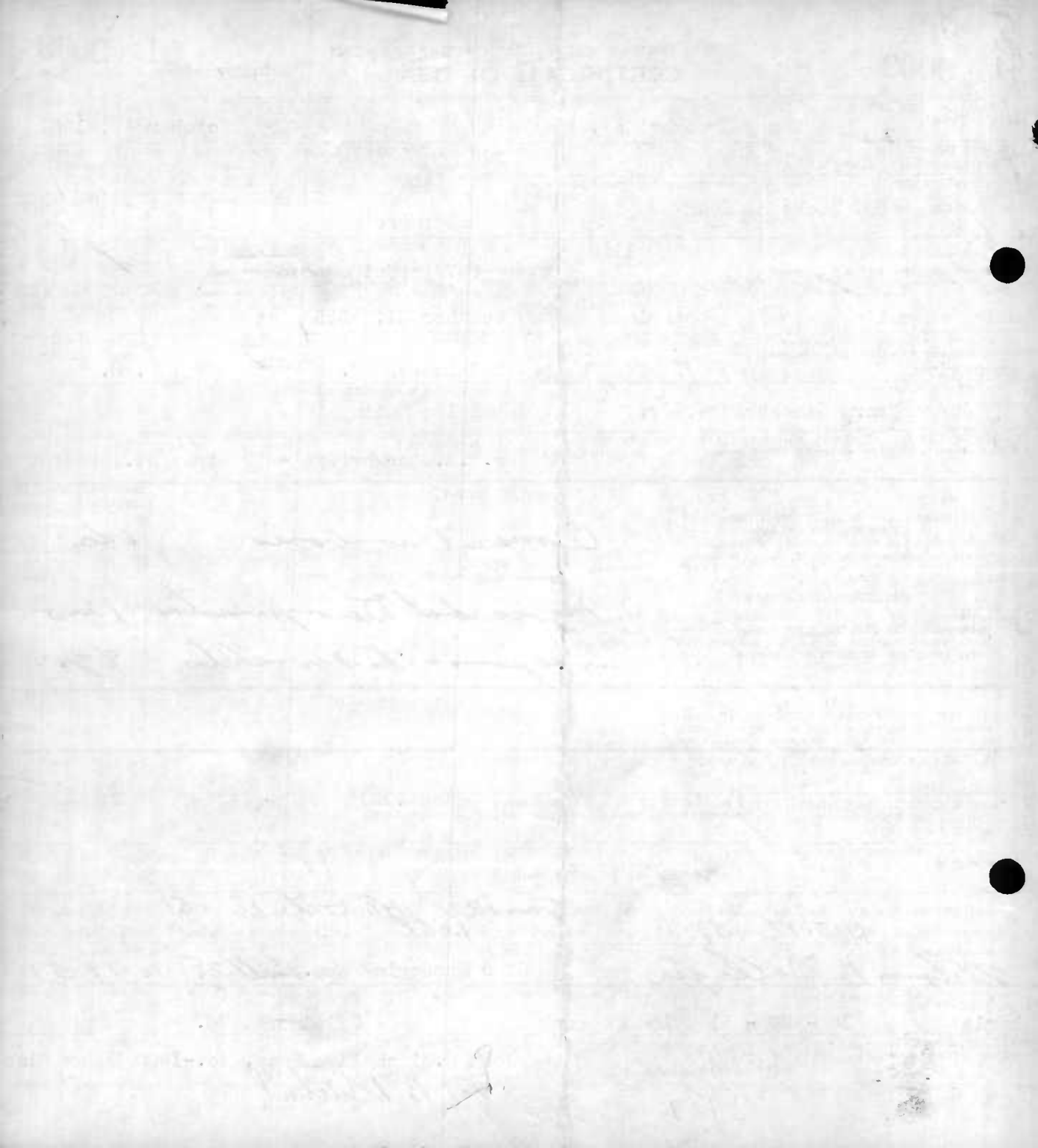
19A. DATE OF OPERATION <b>10-20-51</b>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan 12, 1948** to **Oct. 18, 1951**, that I last saw the deceased alive on **Oct. 17, 1951**, and that death occurred **at 1:06 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE <b>William K. Gallagher</b>	M. O. <b>6209 Frederick Ave. Balt. 28</b>	23C. DATE SIGNED <b>10-19-51</b>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24B. DATE <b>10 - 20 - 51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Loudon Park</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>
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DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 20 1951</b>	REGISTRAR'S SIGNATURE <b>William K. Gallagher</b>	25. FUNERAL DIRECTOR <b>John O. Mitchell &amp; Sons, Inc.</b>	ADDRESS <b>-1900 Eutaw Place</b>
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500  
51 9010  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9010  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>Jabez Whitford Loane, III</b>			2. DATE OF DEATH <b>Oct. 17, 1951</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>Mercy Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Ruxton</b>		
5. LENGTH OF STAY IN BALTIMORE <b>daily commuter</b>			D. STREET ADDRESS (If rural, give location) <b>Boyce &amp; Bellona Aves.</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>3 - 30 - 01</b>	9. AGE (in years last birthday) <b>50</b>	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Manufacturer</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>canvas products</b>		11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>			13. FATHER'S NAME <b>Ernest King Loane</b>		
14. MOTHER'S MAIDEN NAME <b>Grace Morgan</b>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS <b>Mrs. Genevieve S. Loane - Ruxton, Md.</b>		

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary Thrombosis</b>	CAUSE OF DEATH <b>Coronary Thrombosis</b>	INTERVAL BETWEEN ONSET AND DEATH <b>20 minutes</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Angina Pectoris</b>	DUE TO <b>Angina Pectoris</b>	<b>6 weeks</b>
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>none</b>		CERTIFICATION APPROVED BY <b>William Updegraff</b> CHIEF OR ASST. MEDICAL EXAMINER.

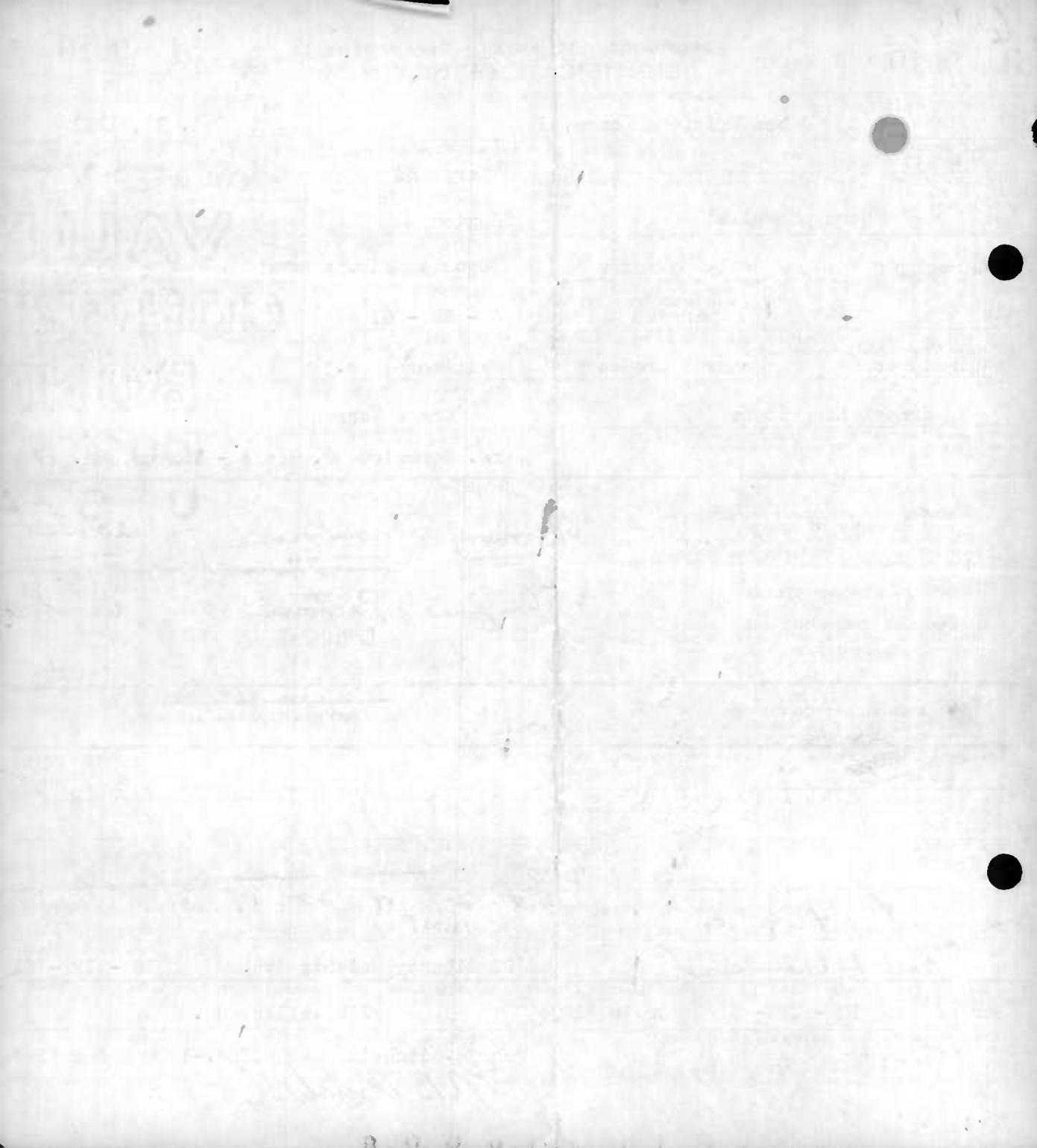
19A. DATE OF OPERATION <b>none</b>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <b>Oct. 2, 1951</b> , to <b>Oct. 17, 1951</b> , that I last saw the deceased alive on <b>Oct. 9, 1951</b> , and that death occurred at <b>12:50 P. m.</b> , from the causes and on the date stated above.		
23A. SIGNATURE <b>Paul L. Chambers</b>	23B. ADDRESS <b>4108 Liberty Heights Ave.</b>	23C. DATE SIGNED <b>10 - 19 - 51</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24B. DATE <b>10 - 20 - 51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Druid Ridge</b>
24D. LOCATION (City, town, or county) (State) <b>Pikesville, Md.</b>		

DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 20 1951</b>	REGISTRAR'S SIGNATURE <b>William Updegraff</b>	25. FUNERAL DIRECTOR <b>John O. Mitchell &amp; Sons, Inc.</b>	ADDRESS <b>-1900 Eutaw Place</b>
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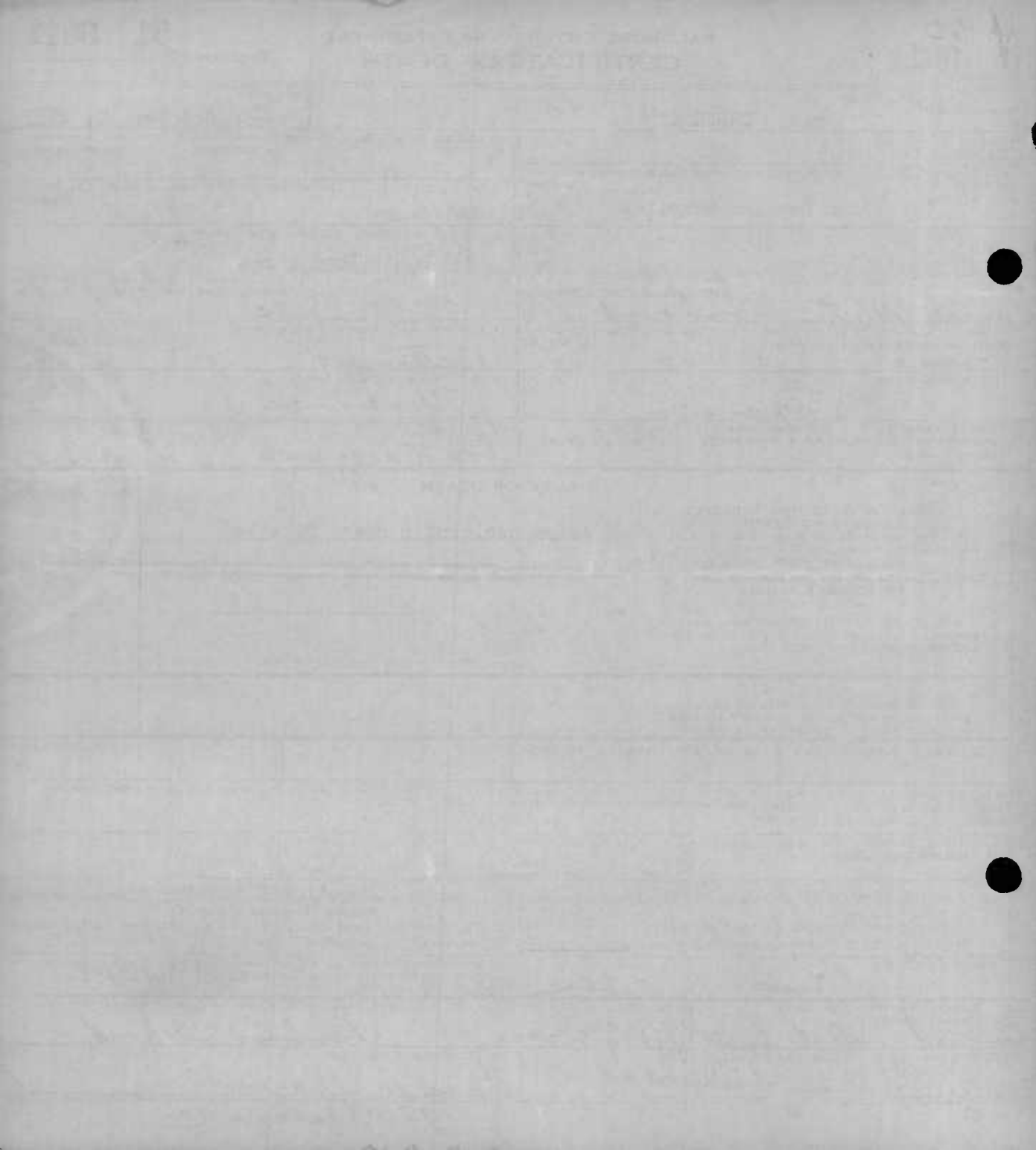
MB Mitchell

094a



615  
51 9011BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9011  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>MARY URBANSKI</b>		2. DATE OF DEATH <b>October 18, 1951</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>John Hopkins Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
5. LENGTH OF STAY IN BALTIMORE <b>Yrs. Mos. Days</b>		D. STREET ADDRESS (If rural, give location) <b>833 South Bond Street</b>	
6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>75</b>	9. AGE (In years last birthday) <b>75</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>	10B. KIND OF BUSINESS OR INDUSTRY <b>-</b>	11. BIRTHPLACE (State or foreign country) <b>Baltimore</b>	
13. FATHER'S NAME <b>Kopanski</b>		14. MOTHER'S MAIDEN NAME <b>Unknown</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>120</b>	
17. INFORMANT <b>Eva Kaczynski</b>		18. ADDRESS <b>Becker Ave</b>	
18. <b>420.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Arteriosclerotic Heart Disease</b>		INTERVAL BETWEEN ONSET AND DEATH	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an <u>inspection &amp; inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE <b>Russell S. Fisher</b>		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
23C. DATE, SIGNED <b>10/19/51</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Oct. 22/51</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Holy Cross</b>		24D. LOCATION (City, town, or county) (State) <b>German Hill Road</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 20 1951</b>		REGISTRAR'S SIGNATURE <b>Fred M. Ozagowski</b>	
25. FUNERAL DIRECTOR <b>1950 Eastern Ave</b>		ADDRESS	

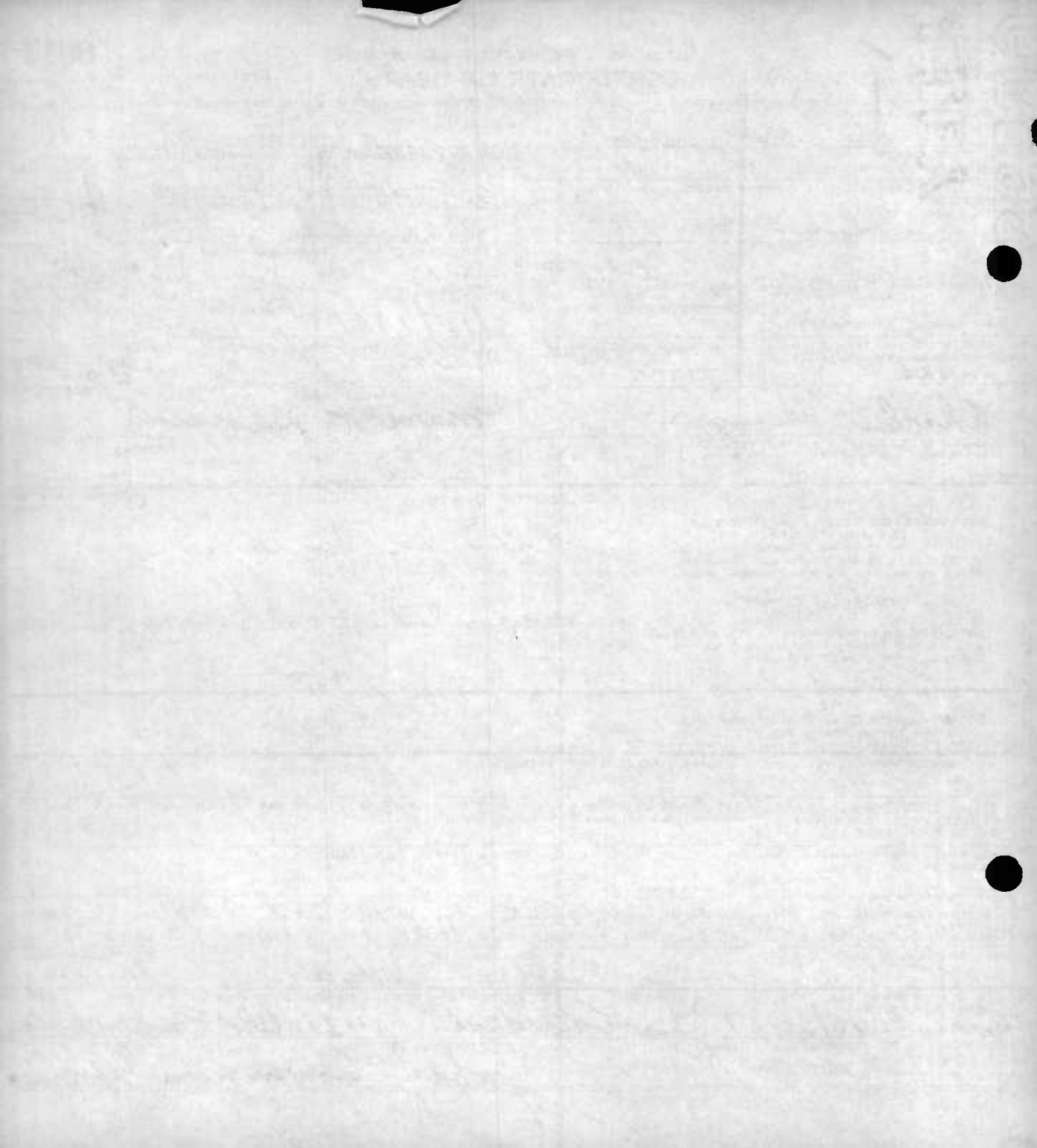


BALTIMORE CITY HEALTH DEPARTMENT			CERTIFICATE OF DEATH			Registered No. 51 9012				
1. NAME OF DECEASED (Type or Print) Susan Boyle			2. DATE OF DEATH 10-19-51							
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Balto.							
B. FULL NAME OF HOSPITAL OR INSTITUTION St. University Hosp.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Ind 25-1							
5. LENGTH OF STAY IN BALTIMORE Life			D. STREET ADDRESS (If rural, give location) 3372 St. Benedict St.							
5. SEX Female		6. COLOR OR RACE white		7. (SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH 5/15/1951		9. AGE (In years last birthday) 5		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Balto. Maryland		12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME Charles Boyle			14. MOTHER'S MAIDEN NAME Mary K. Georgius							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT Mother		ADDRESS same			
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH (A) cardiac failure DUE TO (B) congenital heart disease DUE TO (C)			INTERVAL BETWEEN ONSET AND DEATH				
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>				
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)						
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?						
22. I hereby certify that I attended the deceased from Oct. 2, 1951, to Oct. 19, 1951, that I last saw the deceased alive on Oct. 19, 1951, and that death occurred at 4:30 a.m., from the causes and on the date stated above.										
23A. SIGNATURE R. K. Skipton			23B. ADDRESS M. D. Univ. Hosp.			23C. DATE SIGNED 10-19-51				
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/20/51		24C. NAME OF CEMETERY OR CREMATORY New Cathedral		24D. LOCATION (City, town, or county) (State) 4300 Old Frederick Rd. Md.				
DATE RECEIVED BY LOCAL REGISTRAR OCT 20 1951		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR John J. Brown & Son		ADDRESS [Address]				

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157 e





300  
51 9013BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9013  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

1127 Park Ave.

C. Length of stay in Baltimore

3 years

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

Aug. 1, 1875

9. AGE (In years

last birthday)

76

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10B. KIND OF BUSINESS OR INDUSTRY

Self-employed

11. BIRTHPLACE (State or foreign country)

Howard Co. Md.

12. CITIZEN OF

WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Daniel White

14. MOTHER'S MAIDEN NAME

Susan. ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL SECURITY NO.

17. INFORMANT

Ella Banks 1127 Park Ave.

18. 420.1

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Granuloid Meningitis - and

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Coronary Sclerosis.

(C)

INTERVAL BETWEEN ONSET AND DEATH

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1951, to Oct. 13, 1951, that I last saw the deceased alive on Oct. 13, 1951, and that death occurred at 3:15 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Dora H. Gentry, M.D.

M. D.

23B. ADDRESS

1055 Penn Ave

23C. DATE SIGNED

10/13/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 20, 1951

24C. NAME OF CEMETERY OR CREMATORY

Bush Park

24D. LOCATION (City, town, or county)

Howard Co. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

OCT 20 1951

REGISTRAR'S SIGNATURE

Washington Williams, Jr.

25. FUNERAL DIRECTOR

Halland Funeral Home

ADDRESS

1651 Druid Hill Ave.

Received of the  
Director of the Land Office

10 24

10 24

10 24

650  
51 9014

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9014  
Registered No.

1. NAME OF DECEASED (Type or Print) <u>Wester, Albert A. Green</u>			2. DATE OF DEATH <u>10-18-51</u>		
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY <u>Baltimore</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Union Memorial Hosp</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>27-20</u>		
D. STREET ADDRESS (If rural, give location) <u>3315 Menlo Dr.</u>			E. LENGTH OF STAY IN BALTIMORE Yrs. <u>0</u> Mos. <u>0</u> Days <u>0</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>1-31-1907</u>		9. AGE (In years last birthday) <u>44</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Personnel Mgr.</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Moving Pictures</u>	11. BIRTHPLACE (State or foreign country) <u>Baltimore, Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13. FATHER'S NAME <u>Wester, E. Green</u>			14. MOTHER'S MAIDEN NAME <u>Winn's Chamber</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>Yes</u> <u>World War II</u>		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Mrs. Eva A. Green - 3315 Menlo Drive</u>		

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>myocardial failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
DUE TO <u>myocardial infarction</u>		
DUE TO <u>coronary artery disease &amp; thrombosis</u>		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>II</u>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>2</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Oct 9, 1951, to Oct 18, 1951, that I last saw the deceased alive on Oct 18, 1951, and that death occurred at 11:40 P.m., from the causes and on the date stated above.

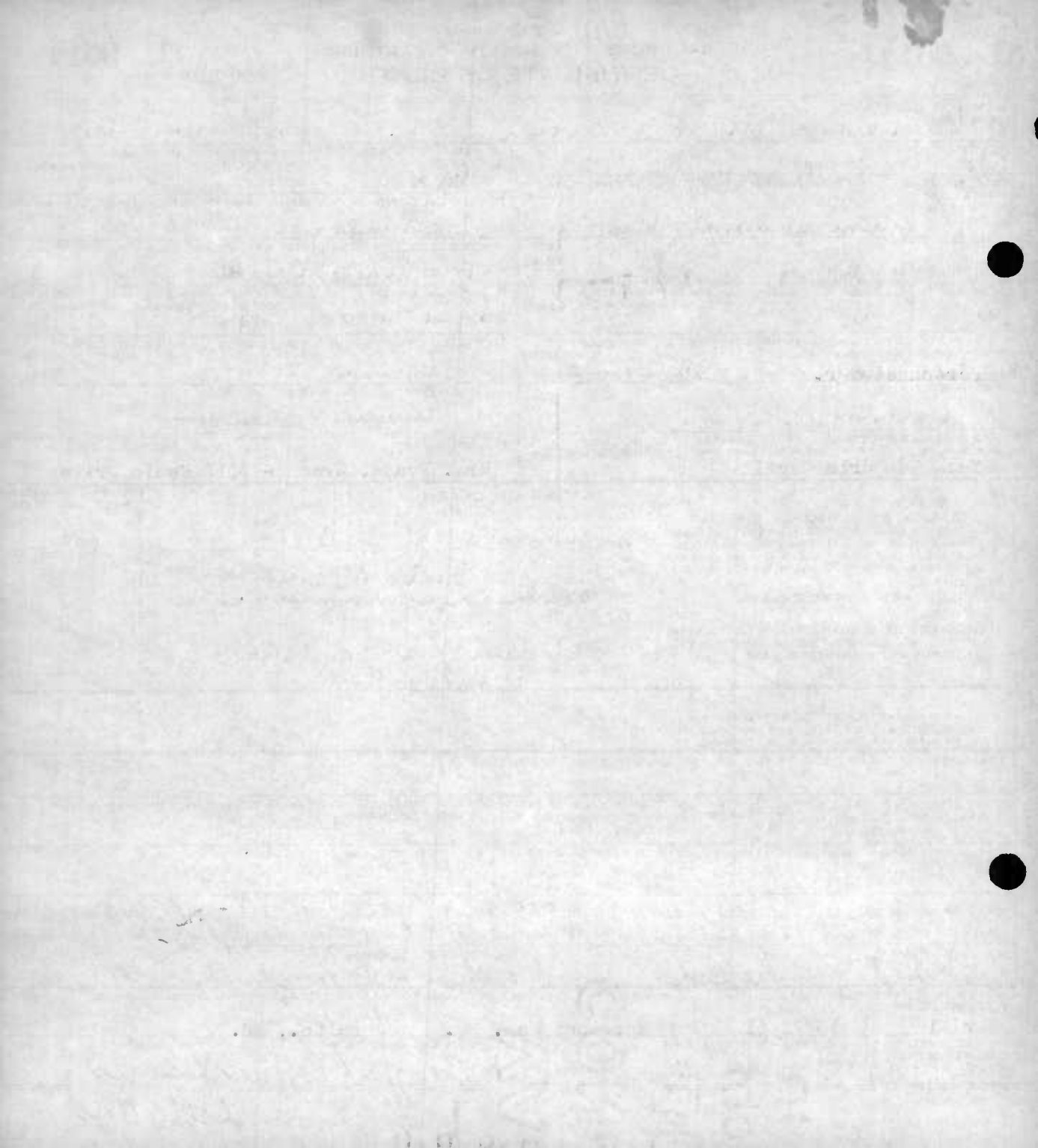
23A. SIGNATURE <u>Alfred S. Nelson</u>	M. D. <u>Baltimore &amp; Maryland</u>	23B. ADDRESS <u>Union Memorial Hosp.</u>	23C. DATE SIGNED <u>Oct 19, 1951</u>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>10/22/51</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Moreland Mem. Pk.</u>	24D. LOCATION (City, town, or county) (State) <u>Balto., Md.</u>
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DATE RECEIVED BY LOCAL REGISTRAR <u>OCT 20 1951</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams</u>	25. FUNERAL DIRECTOR <u>Wm J. Lickner &amp; Sons</u>	ADDRESS <u>Balto Md.</u>
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072 8K

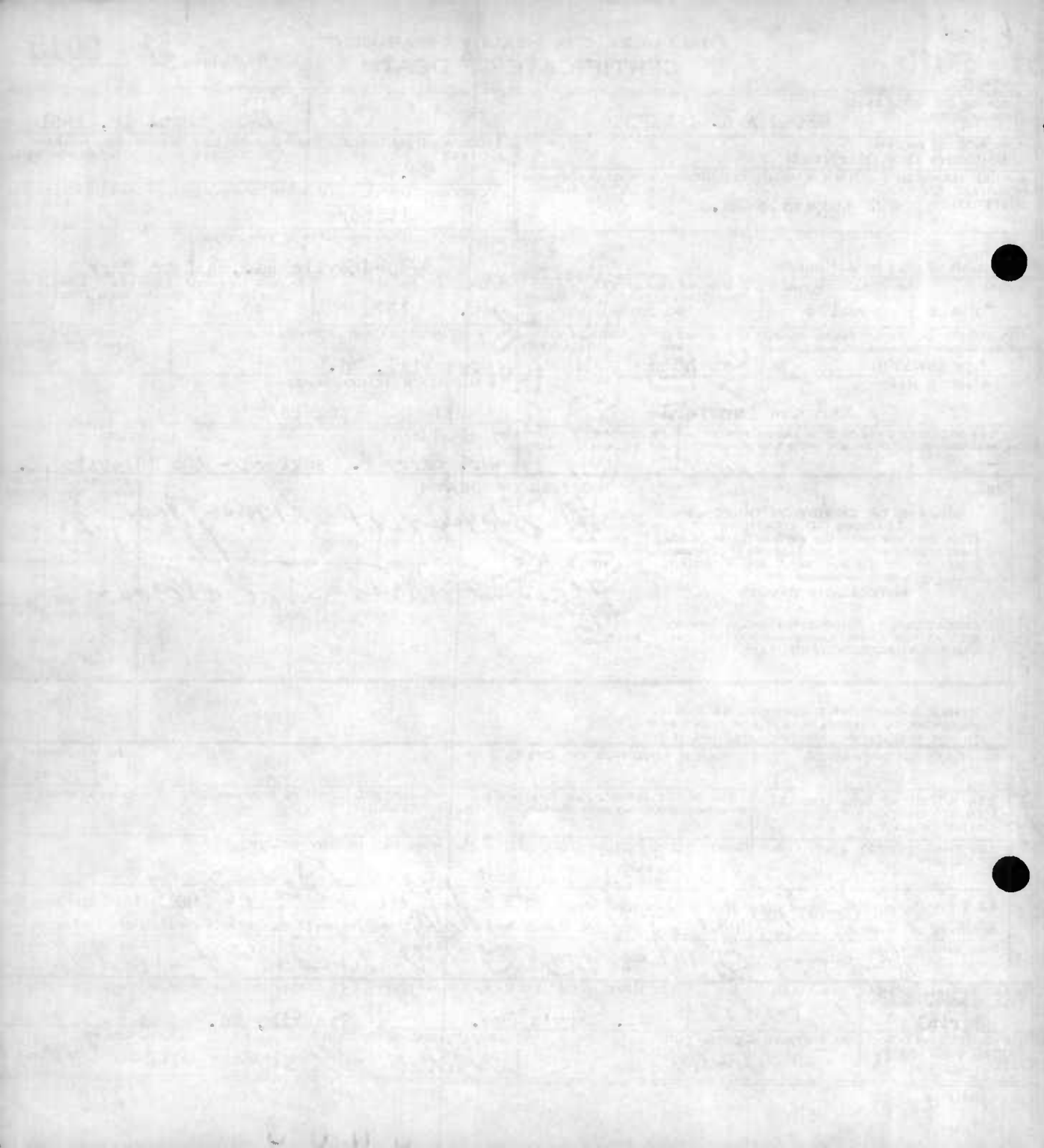
094a



521  
9015BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9015

1. NAME OF DECEASED (Type or Print) <b>GEORGIA A. LANKFORD</b>		2. DATE OF DEATH <b>Oct. 19, 1951</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>403 Edgevale Rd.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 27-13</b>	
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>403 Edgevale Rd., Roland Park</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	B. DATE OF BIRTH <b>Oct. 1870</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>at home</b>	9. AGE (in years last birthday) <b>80</b>
11. BIRTHPLACE (State or foreign country) <b>Greenhill, Md.</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>?? Wingate Lankford</b>		14. MOTHER'S MAIDEN NAME <b>?? Hughes</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Mr. Harry B. Lankford - 403 Edgevale Rd.</b>		ADDRESS	
18. <b>4 yr. 11</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CAUSE OF DEATH</b> <b>Myocardial Infarction 2 yrs.</b> <b>General Arterio Sclerosis 5 yrs.</b> INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Oct 14, 1951</b> to <b>Oct 18, 1951</b> , that I last saw the deceased alive on <b>Oct 14, 1951</b> and that death occurred at <b>6:49 a.m.</b> from the causes and on the date stated above.			
23A. SIGNATURE <b>Harry B. Lankford</b>		23B. ADDRESS <b>3 W. Biddle St.</b>	
23C. DATE SIGNED <b>Oct 19-51</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10/11/51</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>St. Mary's Cem.</b>		24D. LOCATION (City, town, or county) (State) <b>Tyaskin, Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 20 1951</b>		REGISTRAR'S SIGNATURE <b>Thurston Williams, M.D.</b>	
25. FUNERAL DIRECTOR <b>Steel &amp; Johnson - Salisbury Md.</b>		ADDRESS	





620  
51 9016BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9016  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Harris, Katie</i>		2. DATE OF DEATH <i>Oct. 19, 1957</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Franklin Square Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>19.04</i>	
D. STREET ADDRESS (If rural, give location) <i>1729 Wilkens Ave</i>		E. LENGTH OF STAY IN BALTIMORE <i>LIFE</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>11.28.1895</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>operator</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>on overalls</i>	
11. BIRTHPLACE (State or foreign country) <i>MD.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Robert Harris</i> (M)		14. MOTHER'S MAIDEN NAME <i>Mary Gittings</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. <i>215-07-6918</i>	
17. INFORMANT <i>NETTIE M. MURR</i>		ADDRESS <i>1729 WILKINS AVE</i>	

18. <i>561.4</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <i>Peritonitis diffused general</i>	
ANTECEDENT CAUSES	DUE TO (B) <i>Ruptured cecum</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO (C) <i>obstruction of colon, splenic flexure</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	<i>Diaphragmatic hernia</i>	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *10. 17*, 19*57*, to *10. 19*, 19*57*, that I last saw the deceased alive on *10. 19*, 19*57*, and that death occurred at *5:30 A.M.* from the causes and on the date stated above.

23A. SIGNATURE *W. J. Harrison* M. D. 23B. ADDRESS *Franklin Sq. Hospital* 23C. DATE SIGNED *Oct. 19, 1957*

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24B. DATE <i>OCT. 22-57</i>	24C. NAME OF CEMETERY OR CREMATORY <i>WOODLAWN</i>	24D. LOCATION (City, town, or county) (State) <i>BALTO. CO.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 20 1957</i>	REGISTRAR'S SIGNATURE <i>W. J. Harrison</i>	25. FUNERAL DIRECTOR <i>Robert C. &amp; Beulah Walters</i> ADDRESS <i>121. S. Stricker St</i>	



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. 51 9017

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**EMMA VIRGINIA GRAFTON**

2. DATE  
OF  
DEATH

**OCT. 18, 1951**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

**331 ROSSITER AVE.**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

**MD.**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
**BALTO.**

D. STREET ADDRESS (If rural, give location)  
**331 ROSSITER AVE.**

5. SEX

**F**

6. COLOR OR RACE

**W**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
**WIDOWED**

8. DATE OF BIRTH

**NOV. 12, 1865**

9. AGE (In years last birthday)

**85**

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**HOUSEWIFE**

10B. KIND OF BUSINESS OR INDUSTRY

**OWN HOME**

11. BIRTHPLACE (State or foreign country)

**MD.**

12. CITIZEN OF WHAT COUNTRY?

**U.S.**

13. FATHER'S NAME

**RICHARD LAMAR MCCANN**

14. MOTHER'S MAIDEN NAME

**BABBINGTON**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

**No**

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

**ALTA M. GRAFTON**

**SAME**

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

**Uremia**

DUE TO

**Arterio-sclerotic C.V. Disease**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

**3 day**

**2 yrs.**

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Oct. 16, 1951, to Oct 18, 1951, that I last saw the deceased alive on Oct. 18, 1951, and that death occurred at 3:45 pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

**Carl H. Jensen, M.D.**

**5111 York Rd.**

**10/19/51**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

**BURIAL**

**10-22-1951**

**DUBLIN CEM.**

**HARFORD Co.**

**MD.**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

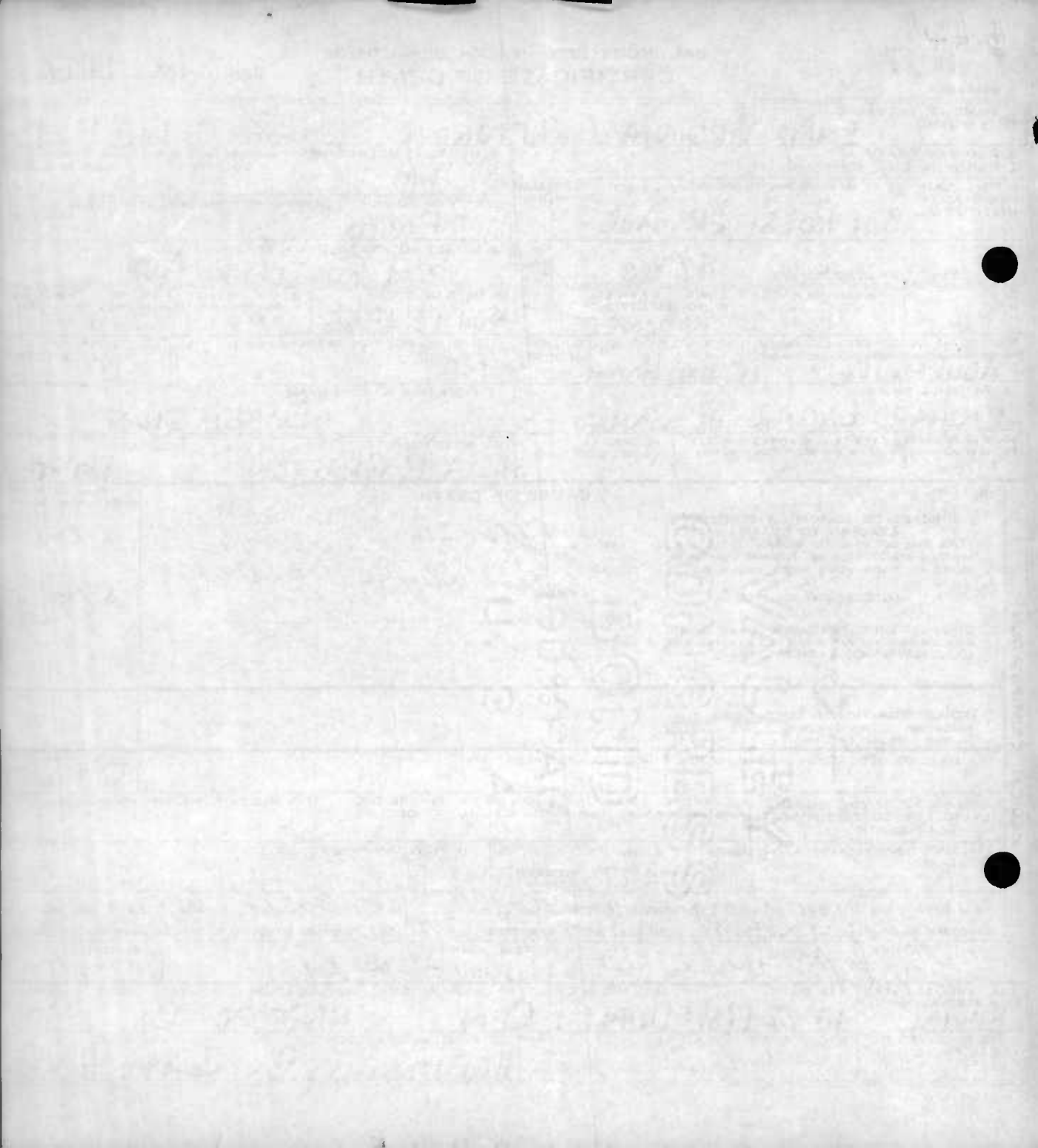
25. FUNERAL DIRECTOR

ADDRESS

**OCT 20 1951**

**Thurston Williams, M.D.**

**H.W. JENKINS & Sons Co. 4905 York Rd**



51	520	9018	BALTIMORE CITY HEALTH DEPARTMENT		51	9018
BIRTH NO.			Non Resident		Registered No.	
1. NAME OF DECEASED (Type or Print)			Ann Thomas		2. DATE OF DEATH Oct 19, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland			JOHNS HOPKINS HOSPITAL		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Allegheny	
B. FULL NAME OF HOSPITAL OR INSTITUTION			JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Midland	
c. Length of stay in Baltimore			Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 51-00	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.
Female	White	Child	5-10-50	1 yr 5		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Md.	
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
Samuel Thomas			Laura Smith			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
					JOHNS HOPKINS HOSPITAL	
18. 591X			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			(A) nephrosis			
ANTECEDENT CAUSES			DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(B)			
			DUE TO			
			(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			none			
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
no						
21D. TIME (Month) (Day) (Year) (Hour) INJURY			21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 9-25-1951 to 10-19-1951, that I last saw the deceased alive on 10-19-1951, and that death occurred at 4:30 p. m., from the causes and on the date stated above.						
23A. SIGNATURE			23B. ADDRESS			23C. DATE SIGNED
J. H. Kaiser			JOHNS HOPKINS HOSPITAL			10/18/51
24A. BURIAL, CREMATION, REMOVAL (Specify)			24B. DATE			24C. NAME OF CEMETERY OR CREMATORY
BURIAL			10-23-1951			FROSTBURG MEMORIAL
DATE RECEIVED BY LOCAL REGISTRAR			REGISTRAR'S SIGNATURE			24D. LOCATION (City, town, or county) (State)
OCT 20 1951			Huntington Williams, M.D.			ALLEGHANY Co. MD.
			25. FUNERAL DIRECTOR			ADDRESS
			H.W. JENKINS & SONS Co.			4905 YORK RD.
133 B						

DATE DUE

LIBRARY

NOV 10

1907

LIBRARY

NOV 10

LIBRARY

THE NEW YORK PUBLIC LIBRARY

ASTOR LENOX TILDEN FOUNDATION



634  
1 9019BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9019

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Paul J. Prodoehl		2. DATE OF DEATH Oct. 18, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 3720 Milford Ave.		C. CITY OR TOWN (If outside corporate limits, write Rural and give township) Baltimore			
5. SEX Male		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. LENGTH OF STAY IN BALTIMORE 50		9. AGE (in years, last birthday) 77 yrs		10. DATE OF BIRTH July 12, 1874	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Contractor		12. KIND OF BUSINESS OR INDUSTRY Building		13. BIRTHPLACE (State or foreign country) France	
14. FATHER'S NAME Karl Prodoehl		15. MOTHER'S MAIDEN NAME Mary Milske		16. CITIZEN OF WHAT COUNTRY?	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		18. SOCIAL SECURITY NO. None		19. INFORMANT ADDRESS Mrs. Eleanore Prodoehl, 3720 Milford Ave.	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) Cardio-vascular disease Coronary thrombosis ANTECEDENT CAUSES (B) Advanced atherosclerosis DUE TO (C) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct 15, 1951, to Oct 18, 1951, that I last saw the deceased alive on Oct 17, 1951, and that death occurred at 4:15 PM, from the causes and on the date stated above.					
23A. SIGNATURE Haller Dreiblitt		23B. ADDRESS 2220 Garrison Blvd.		23C. DATE SIGNED Oct 19/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Oct. 22, 1951		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Ch.	
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. FINANCIAL DIRECTOR Haller Dreiblitt		24F. ADDRESS 4510 Liberty Heights Ave.	

MEDICAL CERTIFICATION

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*H. Winter*

523  
51 9020BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9020

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Jane Cincotta</b>			2. DATE OF DEATH <b>10-18-1951</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Baltimore</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <b>514 Chestnut Hill Ave.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
Length of stay in Baltimore <b>life</b> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>514 Chestnut Hill Ave.</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>6-3-1872</b>	9. AGE (In years last birthday) <b>79</b>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME <b>Micheal Burke</b>		
14. MOTHER'S MAIDEN NAME <b>Jane Pillsworth</b>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT <b>514</b> ADDRESS <b>Mrs Anthony Guarino, Chestnut Hill Av</b>		

18. **4221 I**

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

**Broncho-Pneumonia**  
**Chronic myocarditis**  
**Generalized arteriosclerosis****4 days**  
**5 yrs**  
**10 yrs**

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **Sept. 14, 1951**, to **Oct. 18, 1951**, that I last saw the deceased alive on **Oct. 18, 1951**, and that death occurred at **8:30 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE

**Lloyd E. Saylor**

M. D.

23B. ADDRESS

**3902 Greenmount Ave.**

23C. DATE SIGNED

**Oct. 19, 1951**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**10-22-1951**

24C. NAME OF CEMETERY OR CREMATORY

**Holy Redeemer**

24D. LOCATION (City, town, or county)

**Baltimore**

(State)

**Md.**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

**William H. Williams**

25. FUNERAL DIRECTOR

**John A. Moran**

ADDRESS

**3000 E. Baltimore St.**

VS 150

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STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

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520  
51 9021  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9021

1. NAME OF DECEASED (Type or Print) <b>HOWARD H. TUNIS</b>			2. DATE OF DEATH <b>10-18-51</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>MERRY HOSP.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 28-03</b>		
Length of stay in Baltimore <b>70</b> Yrs. <input checked="" type="checkbox"/> Mos. <input type="checkbox"/> Days			D. STREET ADDRESS (If rural, give location) <b>4509 PROSPECT CIRCLE</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>6-23-1878</b>	9. AGE (In years last birthday) <b>73</b>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ENGINEER</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>Waverly Press Corp.</b>		11. BIRTHPLACE (State or foreign country) <b>MARYLAND</b>
13. FATHER'S NAME <b>EDWIN L. TUNIS</b> <i>PRINTING</i>			14. MOTHER'S MAIDEN NAME <b>ELLEN JANE WRIGHTSON</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>UNK</b>			16. SOCIAL SECURITY NO.		
17. INFORMANT			ADDRESS		

18. <b>154X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Carcinoma of Recto-Sigmoid</b> (A) DUE TO <b>Colorectal</b> (B) DUE TO (C) DUE TO	CAUSE OF DEATH <b>Carcinoma of Recto-Sigmoid</b> <b>Colorectal</b>	INTERVAL BETWEEN ONSET AND DEATH <b>3 mos. +</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Arteriosclerotic Cardiovascular dis.</b>		
19A. DATE OF OPERATION <b>SEP 27 1951</b>	19B. MAJOR FINDINGS OF OPERATION <b>Carcinoma of Recto-Sigmoid</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Sept. 20, 1951**, to **Oct. 18, 1951**, that I last saw the deceased alive on **10-18, 1951**, and that death occurred at **10:55 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE <b>Wm. H. H. Shea</b>	M. D.	23B. ADDRESS <b>Merry Hosp.</b>	23C. DATE SIGNED <b>10-18-51</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>10/20/51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Greenmount Cemetery</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore, Maryland</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 20 1951</b>	REGISTRAR'S SIGNATURE <b>Wm. H. H. Shea</b>	25. FUNERAL DIRECTOR <b>H. H. Alcorn &amp; Son 8057 Calvert St</b>	ADDRESS

Clark 502-697



420  
51 9022  
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9022  
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Kelso, Anna</i>		2. DATE OF DEATH <i>10/18/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution / residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Provident Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>1713 Latrobe St.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Aug. 8, 1869</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years at birthday) <i>82</i>
13. FATHER'S NAME <i>James Flamagan</i>		11. BIRTHPLACE (State or foreign country) <i>Virginia</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Unknown</i>	
17. INFORMANT <i>Mrs. Eliza Brown</i>		ADDRESS <i>1713 Latrobe St.</i>	

18. <i>E-903.9</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Decomatus Uter &amp; Broncho pneumonia</i> <i>Paralytic Ileus</i> <i>Fractured femur</i> <i>Due to Asphyxiation</i> <i>Sensitivity</i>		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CERTIFICATION APPROVED BY <i>William Wood</i> M. D. CHIEF OR ASST. MEDICAL EXAMINER.	

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <i>Accident</i>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? <i>1713 Latrobe Street</i>		<i>12/5</i>	
21D. TIME (Month) (Day) (Year) (Hour) INJURY <i>10/2/51</i>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <i>Slipped &amp; fell to floor</i>			
22. I hereby certify that I attended the deceased from <i>10-2-1951</i> , to <i>10-18-1951</i> , that I last saw the deceased alive on <i>10-18</i> , 19 <i>51</i> , and that death occurred at <i>10:52</i> a. m., from the causes and on the date stated above.					
23A. SIGNATURE <i>John W. Kenig</i>		23B. ADDRESS <i>Provident Hosp</i>		23C. DATE SIGNED <i>10-18-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24B. DATE <i>10-22-51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Charlotte, Virginia</i>	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR <i>Mrs. Francis A. Hensley</i>		ADDRESS <i>186 E. Biddle St.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 20 1951</i>		REGISTRAR'S SIGNATURE <i>William Wood</i>		VS 150 <i>N-821.1</i>	



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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 9023  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>ALEXIS A. BONNEY</b>		2. DATE OF DEATH <b>October 20, 1951</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mercy Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>14 Market Place</b>		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>Oct. 25, 1893</b>
9. AGE (In years last birthday) <b>57</b>		10. CITIZEN OF WHAT COUNTRY? <b>Mississippi</b>	
11. BIRTHPLACE (State or foreign country) <b>Mississippi</b>		12. CITIZEN OF WHAT COUNTRY? <b>Mississippi</b>	
13. FATHER'S NAME <b>Nelson P. Bonney</b>		14. MOTHER'S MAIDEN NAME <b>Alexicine Fourmoque</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Mrs. Geo. M. Stirral</b>		ADDRESS <b>Baton Rouge La.</b>	

18. CAUSE OF DEATH <b>322.11</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Chronic alcoholism</b> (A) <b>XXXXXX</b>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES <b>Lobar pneumonia</b> (B) <b>DUE TO</b>		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

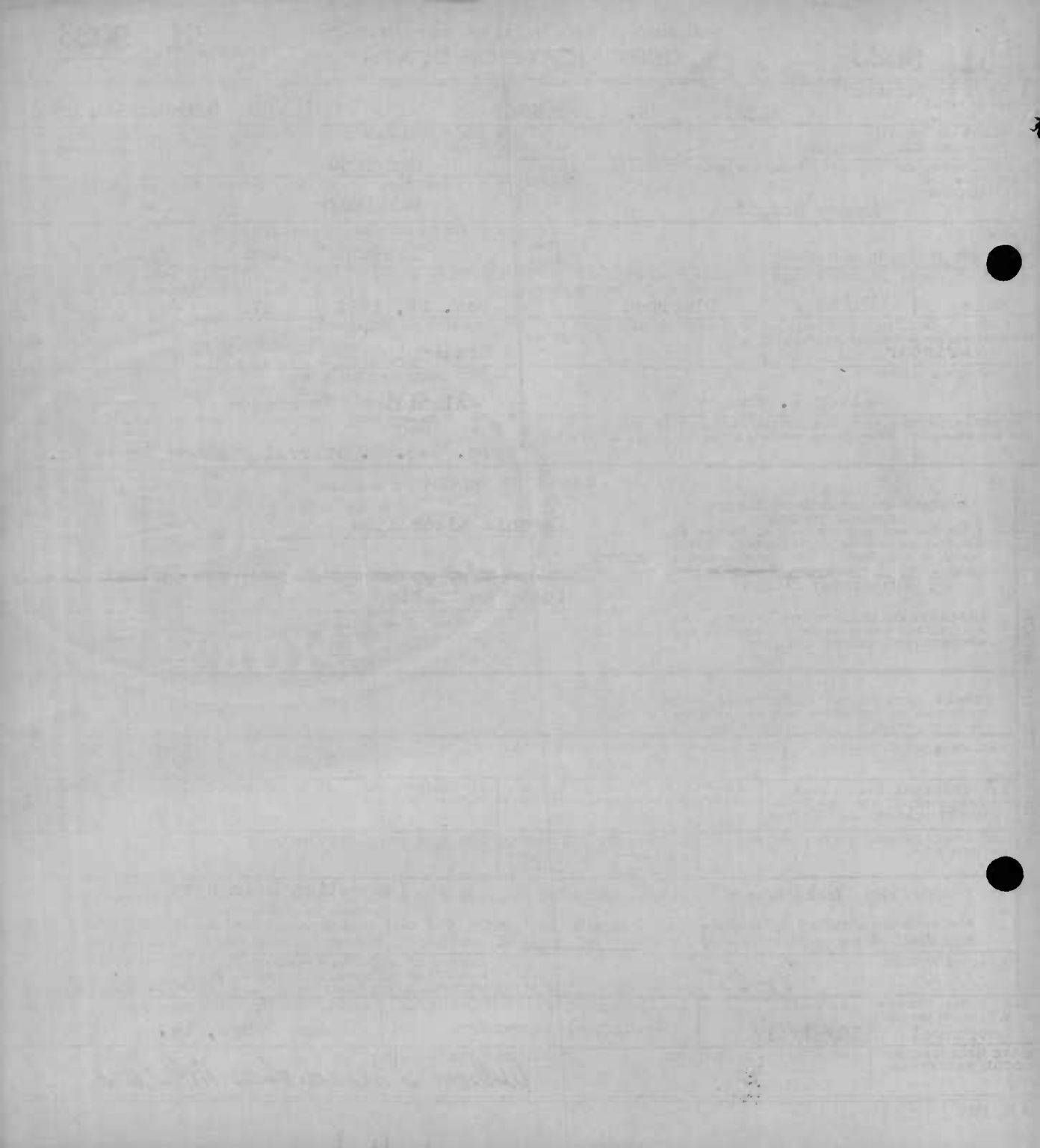
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William J. Tencer</i>		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED <b>Oct. 20, 1951</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24B. DATE <b>10/21/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>	
24D. LOCATION (City, town, or county) <b>Baton Rouge, La.</b>		24E. STATE <b>La.</b>			

DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <i>William J. Tencer</i>		25. FUNERAL DIRECTOR <i>William J. Tencer Sons. MHA Care.</i>	
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51 9024BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9024  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Fannie Kurland

2. DATE  
OF  
DEATH

10-21-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 13-07

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

Sinai

C. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

3509 Holmes Ave

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9. AGE (In years last birthday) If Under 1 Year Months: Days If Under 24 Hours Hours Min.

30

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Abraham

14. MOTHER'S MAIDEN NAME

Ida

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Daniel Kurland - Same

18. 443X I

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Cerebrovascular Accident

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

(B) Hypertensive cardiovascular disease

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Renal shutdown

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

21D.

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from 10-19-1957, to 10-21-1951, that I last saw the deceased alive on 10-21-1951, and that death occurred at 5:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Adolphe M. Ehrenmann M.D.

23B. ADDRESS

Luman

23C. DATE SIGNED

10-21-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10-21-51

24C. NAME OF CEMETERY OR CREMATORY

United Hebrew

24D. LOCATION (City, town, or county) (State)

Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Jack Lewis Inc. 2100 Eutan Rd

OCT 31 1951

093d

25002

21

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

25002

*[Faint, mostly illegible text and handwritten notes on a death certificate form. The form includes sections for:]*

- DECEASED'S NAME:** *[Faint handwritten name]*
- DATE OF BIRTH:** *[Faint handwritten date]*
- PLACE OF BIRTH:** *[Faint handwritten location]*
- DATE OF DEATH:** *[Faint handwritten date]*
- PLACE OF DEATH:** *[Faint handwritten location]*
- CAUSE OF DEATH:** *[Faint handwritten text]*
- DIAGNOSIS OR CONDITION:** *[Faint handwritten text]*
- INTERVIEWING PHYSICIAN:** *[Faint handwritten signature]*
- DATE OF INTERVIEW:** *[Faint handwritten date]*
- REPORTING PHYSICIAN:** *[Faint handwritten signature]*
- DATE OF REPORT:** *[Faint handwritten date]*

*[Additional faint text and markings are visible throughout the form, including a large handwritten '1' in the upper right and various illegible signatures and dates.]*

R-112

51 9025

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9025  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Jacob Robofsky

2. DATE  
OF  
DEATH

10-21-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Susan

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 15-13D. STREET ADDRESS (If rural, give location)  
2530 Park Heights Terrace

E. Length of stay in Baltimore

Y6

Yrs.  
Mon.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9. AGE (in years  
last birthday)10 Under 1 Year  
Months: Days  
11 Under 24 Hours  
Hours: Min.

64

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Cabinet maker

10B. KIND OF BUSINESS OR  
INDUSTRY

13. FATHER'S NAME

Cabinet Shop

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF  
WHAT COUNTRY?15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Father Robofsky - Same

18. 331X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Cerebrovascular Accident

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-20-51, 1951, to 10-21-51, 1951, that I last saw the  
deceased alive on 10-21-51, 1951, and that death occurred at 6:50 a. m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

Adolph M. Ehrenworth

Susan

10-21-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial  
DATE RECEIVED BY  
LOCAL REGISTRAR10-21-51  
Registrar's SIGNATURE

Mt Carmel

Baltimore Md

25. FUNERAL DIRECTOR

ADDRESS

DATE RECEIVED BY  
LOCAL REGISTRAR

Huntington Williams, Jr.

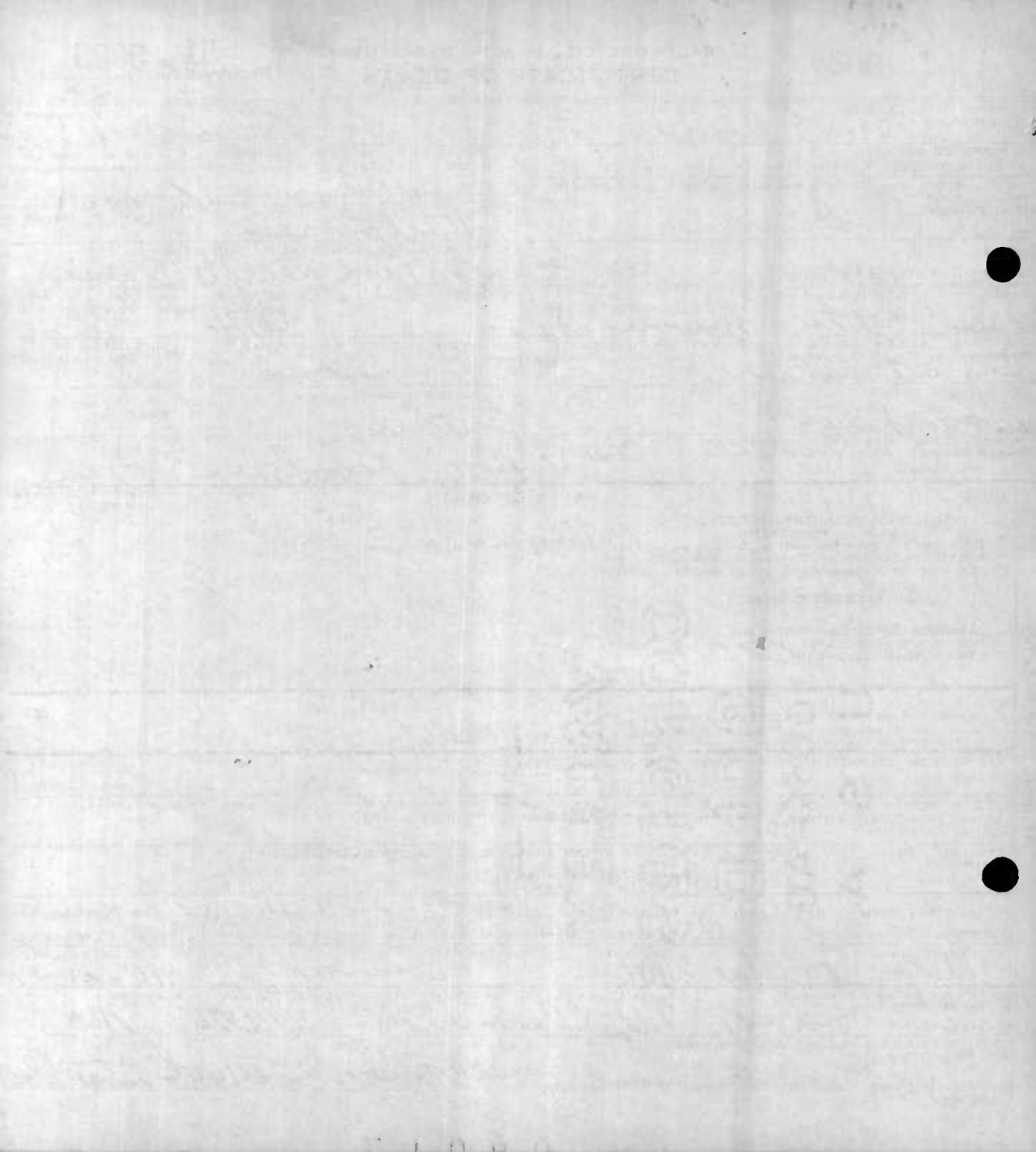
Jack Lewis 2100 Eastern Pl

001211951

VS 150

5056U

0610





M-62P 9026  
AB-153185 51BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9026

Registered No. \_\_\_\_\_

BIRTH NO. 51-24199

1. NAME OF DECEASED (Type or Print) <b>Baby Boy Morris</b>		2. DATE OF DEATH <b>10-19-1951</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Baltimore City Hospitals</b> <b>4940 Eastern Ave.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. Length of stay in Baltimore <b>Life</b>		E. STREET ADDRESS (If rural, give location) <b>10 N. Calhoun St.</b> <b>19-02</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Oct. 18-1951</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) <b>22</b> If Under 1 Year: Months _____ Days _____ If Under 24 Hours: Hours _____ Min. _____	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
13. FATHER'S NAME <b>William Morris</b>		12. CITIZEN OF WHAT COUNTRY? _____	
14. MOTHER'S MAIDEN NAME <b>Nina Love</b>		17. INFORMANT <b>Baltimore City Hospitals</b> <b>Records: 4940 Eastern Ave.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	

18. <b>751X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>(A) Craniorachischisis</b> DUE TO _____ <b>Life</b> INTERVAL BETWEEN ONSET AND DEATH <b>Life</b>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <b>10-19-1951</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>10-18-1951</b> to <b>10-19-1951</b> , that I last saw the deceased alive on <b>10-19-1951</b> and that death occurred at <b>3:25 A.M.</b> from the causes and on the date stated above.					
23A. SIGNATURE <b>C. S. Hogan</b>		23B. ADDRESS <b>4940 Eastern Ave., Baltimore, Md.</b>		23C. DATE SIGNED <b>10-19-1951</b>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>10/22/51</b>		24B. DATE <b>10/22/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Cathedral Cemetery</b>		24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <b>W. W. Meadows</b>		25. FUNERAL DIRECTOR <b>W. W. Meadows</b>		ADDRESS <b>825 N. Calvert St.</b>	

BOUND

BOOK 136

12/1/31

436

51 9027

BIRTH NO. 51-18484

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 9027

Registered No.

1. NAME OF DECEASED  
(Type or Print) Rita Childers

2. DATE OF DEATH 10/19/51

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Maryland  
C. CITY OR TOWN Baltimore  
D. STREET ADDRESS (If rural, give location) 919 South Hanover Street

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH

9. AGE (in years last birthday) 23-01

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Vernon Childers

14. MOTHER'S MAIDEN NAME Glenna

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Hosp. Records

ADDRESS

18. 571.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A) Acidosis hours

(B) Marked dehydration hours

(C) Acute entero-colitis days

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Malnutrition

19a. DATE OF OPERATION 2

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-19-1951 to 10-19-1951, that I last saw the deceased alive on 10-19-1951, and that death occurred at 10:35 p.m., from the causes and on the date stated above.

23a. SIGNATURE Agustin del Campo M. D.

23b. ADDRESS 1213 Light St Balto Md

23c. DATE SIGNED 10-19-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Oct. 22-1951

24c. NAME OF CEMETERY OR CREMATORY Holy Cross

24d. LOCATION (City, town, or county) (State) G. A. Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR OCT 21 1951

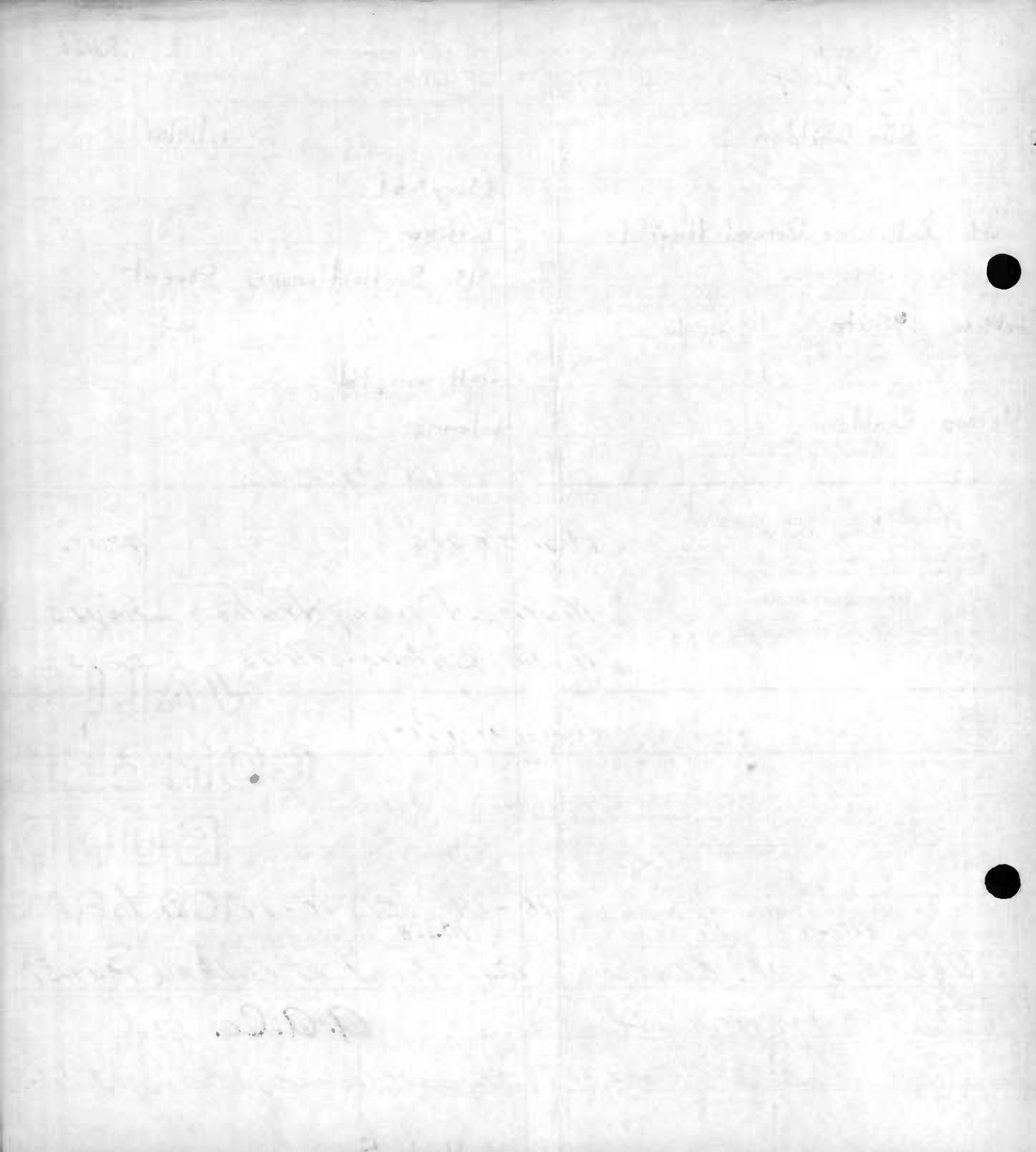
REGISTRAR'S SIGNATURE Huntington Williams M.D.

25. FUNERAL DIRECTOR Flynn + Fleming

ADDRESS 1426 Light St.

VS 150

119a



51 9028

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9028

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

DONNA BLAKEMORE

2. DATE  
OF  
DEATH

Oct 20, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

OSL-3

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

ANNE ARUNDEL Co.

D. STREET ADDRESS (If rural, give location)

623 CRESWELL RD.

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

FEMALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

9-17-17

9. AGE (In years  
last birthday)

34

If Under 1 Year  
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

HOUSEWORK

10B. KIND OF BUSINESS OR  
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

W. VA

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

MARK SOLOVAY

14. MOTHER'S MAIDEN NAME

Christina

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Family - SAME

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

DUE TO

(A) Hemorrhagic sarcoma

INTERVAL BETWEEN  
ONSET AND DEATH

9 months

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B)  
DUE TO  
(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-13-1951 to 10-20-1951, that I last saw the  
deceased alive on 10-20-1951, and that death occurred at 6:30 P.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 21 1951

VS 150

Huntington Williams, M.D.

J. L. DeCary

130 E. Fort Ave 0556

MEDICAL CERTIFICATION

800

100

200

300

400



WATLEY





51 9029

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

51 9029

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

GEORGE

DEWEY

FRAZIER

2. DATE  
OF  
DEATH

October 19, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

South Baltimore General Hospital

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

B. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

1B. E 916-81

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Second and third degree burns of 90%  
of body

## ANTECEDENT CAUSES

(B) Acute alcoholism

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING OR CONTRIB-  
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

Barge

21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

Barge lying off foot of William Street

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

Oct. 19, 1951 9:55 P.m.

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Burned in fire on barge

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....  
ASSISTANT MEDICAL EXAMINER.....  
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Oct. 20, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

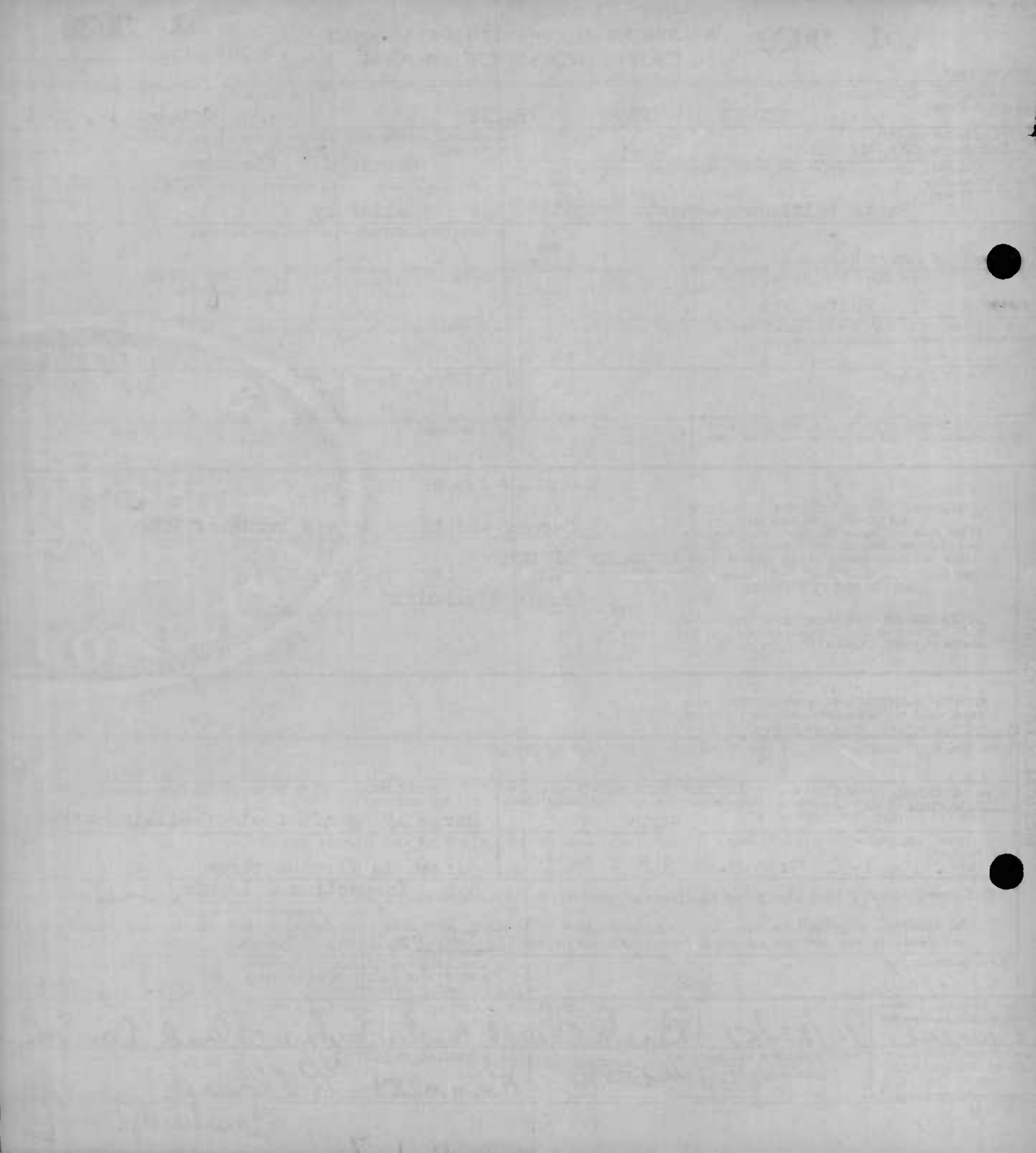
VS 151

N-948.2

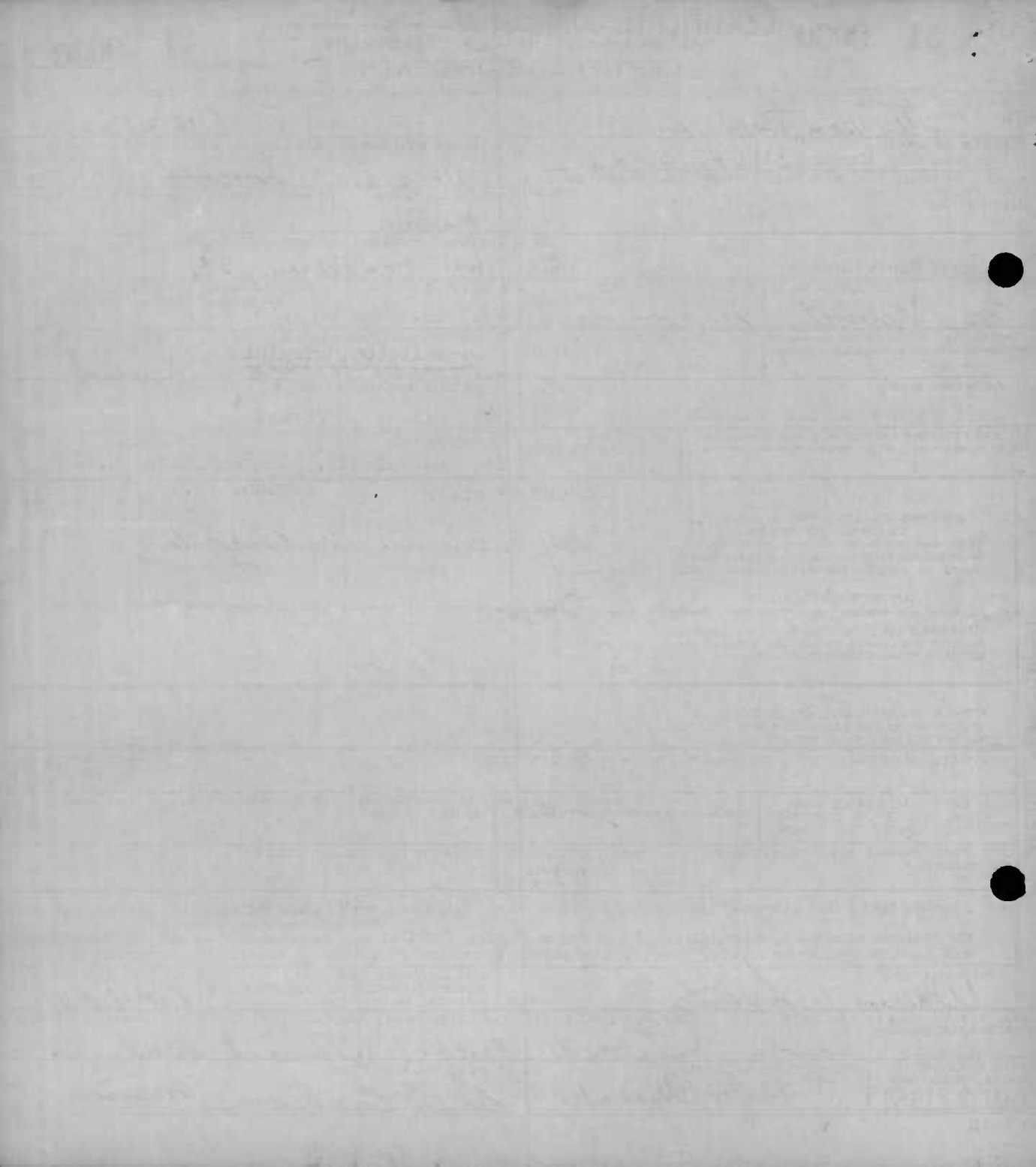
18B.0

Cambridge Md





<div style="display: flex; justify-content: space-between;"> <span>51 9030</span> <span>CERTIFICATE CORRECTED 10-30-51</span> <span>51 9030</span> </div>	
BALTIMORE CITY HEALTH DEPARTMENT	
CERTIFICATE OF DEATH	
Registered No.	
BIRTH NO.	
1. NAME OF DECEASED (Type or Print) <u>Madison William Baldwin</u>	
2. DATE OF DEATH <u>Oct 21, 1957</u>	
3. PLACE OF DEATH:	
A. Baltimore City, Maryland <u>3116 Foster Ave</u>	
B. FULL NAME OF (If not in hospital or institution, give street address or location)	
HOSPITAL OR INSTITUTION	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
A. STATE <u>Virginia</u> B. COUNTY <u>Smyth</u>	
C. CITY OR TOWN <u>Marion</u> (If outside corporate limits, write RURAL and give township)	
D. STREET ADDRESS (If rural, give location) <u>611 Pendleton St.</u>	
5. LENGTH OF STAY IN BALTIMORE <u>Visiting</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>July 12, 1892</u>	
9. AGE (In years last birthday) <u>59</u>	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
10B. KIND OF BUSINESS OR INDUSTRY <u>Share Crops</u>	
11. BIRTHPLACE (State or foreign country) <u>Whitewater, Virginia</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Jefferson Franklin Baldwin</u>	
14. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Duvall</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>Iva Lee Baldwin</u> ADDRESS <u>611 Pendleton St.</u>	
18. CAUSE OF DEATH <u>Marion, Va.</u>	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
(A) <u>Hypertensive Cardiovascular</u>	
DUE TO	
(B) <u>Dexan</u>	
DUE TO	
(C)	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION	
19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Inspection</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .	
23A. SIGNATURE <u>William Upchurch</u>	
23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
23C. DATE SIGNED <u>Oct 21, 1957</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24B. DATE <u>10-25-51</u>	
24C. NAME OF CEMETERY OR CREMATORY <u>Trout Dale</u>	
24D. LOCATION (City, town, or county) (State) <u>Trout Dale Va.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>OCT 22 1951</u>	
REGISTRAR'S SIGNATURE <u>William Williams, M.D.</u>	
25. FUNERAL DIRECTOR <u>Chloe C. Cation</u> ADDRESS <u>Marion Va.</u>	



HLC- 153108

51 9031

CERTIFICATE CORRECTED 11-26-51

BALTIMORE CITY HEALTH DEPARTMENT

51 9031

## CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Riley Thompson

2. DATE  
OF  
DEATH

10-18-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Baltimore City Hospitals  
4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

100 N. Wolfe Street

C. Length of stay in Baltimore

15 Yrs.

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

N

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Sept. 25, 1922

9. AGE (In years  
last birthday)

29

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR  
INDUSTRYFood Packing  
House

11. BIRTHPLACE (State or foreign country)

South Carolina

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

John Thompson

14. MOTHER'S MAIDEN NAME

Rosie Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

B. C. H. Record Room 4940 Eastern Avenue

18. 490X and 581.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Lobar Pneumonia

DUE TO

1 wk.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B)  
DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.Chronic Alcoholism  
Fatty Liveryears  
years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from 10-15-51 10:35, to 10-18-51, 19, that I last saw the  
deceased alive on 10-18-51, 19, and that death occurred at 11:25 A.M. from the causes and on the date stated above.

23A. SIGNATURE

P. S. Cohen

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

10-19-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

10-22-51

24C. NAME OF CEMETERY OR CREMATORY

Mount Calvary

24D. LOCATION (City, town, or county)

Cedar Hill, Maryland

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

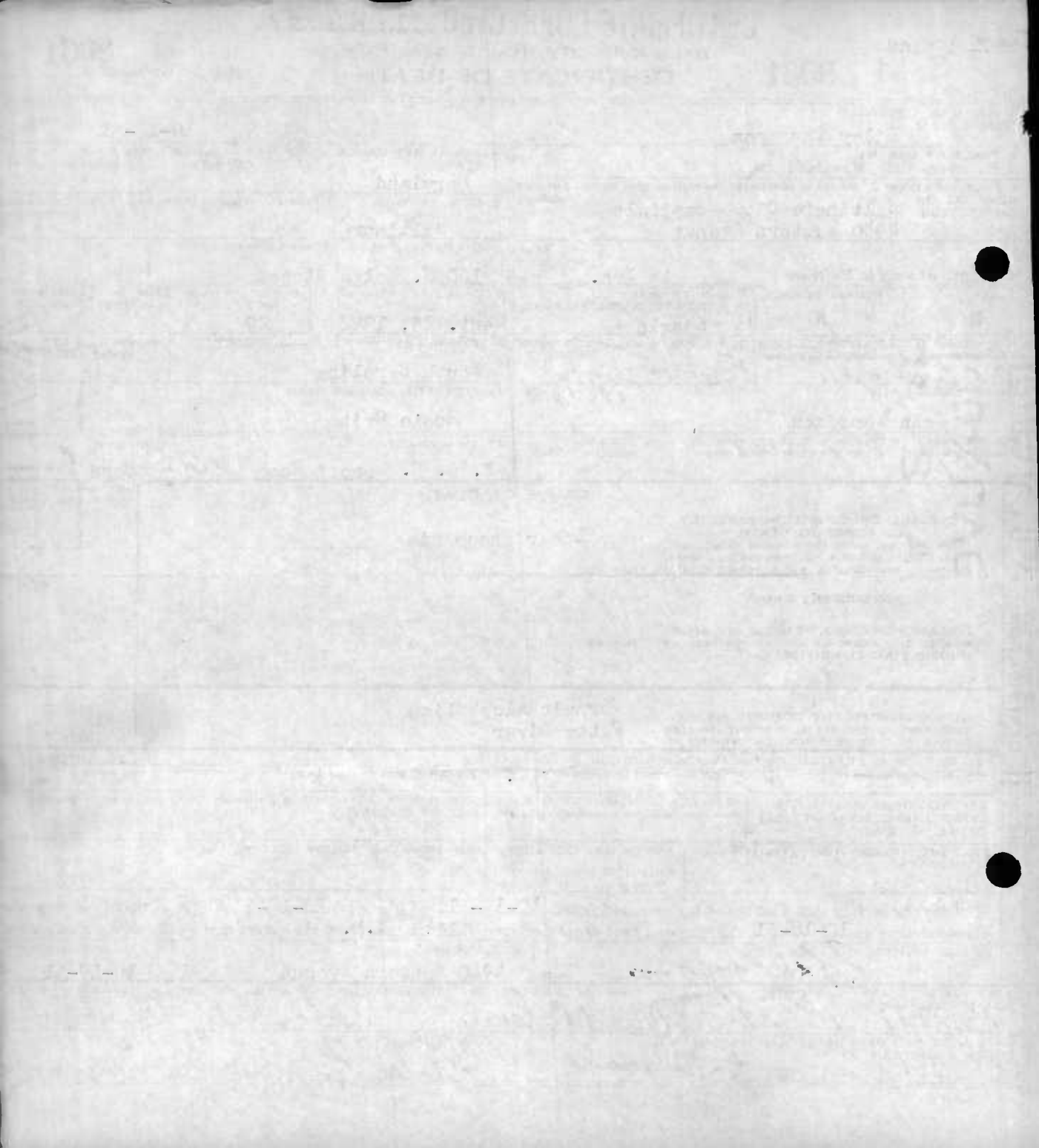
Huntington Williams, M.D.

25. JUNKER DIRECTOR

ADDRESS

Charles R. Law - 802 Madison Ave

OCT 22 1951



<div style="display: flex; justify-content: space-between;"> <span>36 51 9032</span> <span>CERTIFICATE CORRECTED <u>11-26-51</u></span> </div>		BALTIMORE CITY HEALTH DEPARTMENT <b>CERTIFICATE OF DEATH</b>		51 9032 Registered No. _____	
BIRTH NO. _____					
1. NAME OF DECEASED (Type or Print) <b>Jessie Hendricks</b>				2. DATE OF DEATH <b>10-19-51</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <b>Baltimore City Hospitals</b> <b>4940 Eastern Avenue</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>15-03</b>		
D. STREET ADDRESS (If rural, give location) <b>2535 W. North Avenue</b>			E. LENGTH OF STAY IN BALTIMORE <b>25 Yrs.</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>N</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>11-30-1899</b>		9. AGE (in years last birthday) <b>52</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>North Carolina</b>		12. CITIZEN OF WHAT COUNTRY? <b>North Carolina</b>
13. FATHER'S NAME <b>Frank ayes</b>			14. MOTHER'S MAIDEN NAME <b>Elizabeth High</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>B.C.H. Record Room 4940 Eastern Avenue</b>		
18. <b>002X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Hemothorax Right Pulmonary Edema</b> DUE TO (A) _____ (B) _____ (C) _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) _____ (B) _____ (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Post Operative Shock, 2°</b> <b>Caries Pneumonia Tbc. Right</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 Hrs.</b>          <b>12 Hrs.</b> <b>10 Yrs.</b>		
19A. DATE OF OPERATION <b>3</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>10-8-51</b> to <b>10-19-51</b> , 19____, that I last saw the deceased alive on <b>10-19-51</b> , 19____, and that death occurred at <b>11:30 P.M.</b> from the causes and on the date stated above.					
23A. SIGNATURE <i>J. S. O'Brien</i>		23B. ADDRESS M. D. <b>4940 Eastern Avenue</b>		23C. DATE SIGNED <b>10-20-51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>10-25-51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>MT CALVRY CEMETRY</b>	
24D. LOCATION (City, town, or county) (State) <b>ANARUNDEL County - Md.</b>		25. FUNERAL DIRECTOR ADDRESS <b>William A. Jackson 916 Penna ave</b>			
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 22 1951</b>		REGISTRAR'S SIGNATURE <i>William A. Jackson</i>			



4/12/51  
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any and of the  
...  
the type of reaction done?

562  
51 9033BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9033

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

JOHN WESLEY WAINWRIGHT

2. DATE  
OF  
DEATH

10-19-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

1445 E. EAGER

C. Length of stay in Baltimore

LIFE

5. SEX

M.

6. COLOR OR RACE

C.

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

SINGLE

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

LABORER

10B. KIND OF BUSINESS OR  
INDUSTRY

?

13. FATHER'S NAME

JOHN WAINWRIGHT

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL  
SECURITY NO.

8. DATE OF BIRTH

2-3-1908

9. AGE (In years  
last birthday)

43

11 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

BALTIMORE, Md

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

MAGGIE SMALLWOOD

17. INFORMANT

ADDRESS

CORA HOPKINS 1445 E. EAGER ST

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Pulmonary Tuberculosis

2-3 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from Sept. 10, 1950, to Oct. 19, 1951, that I last saw the  
deceased alive on Oct. 19, 1951, and that death occurred at 7 P. m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

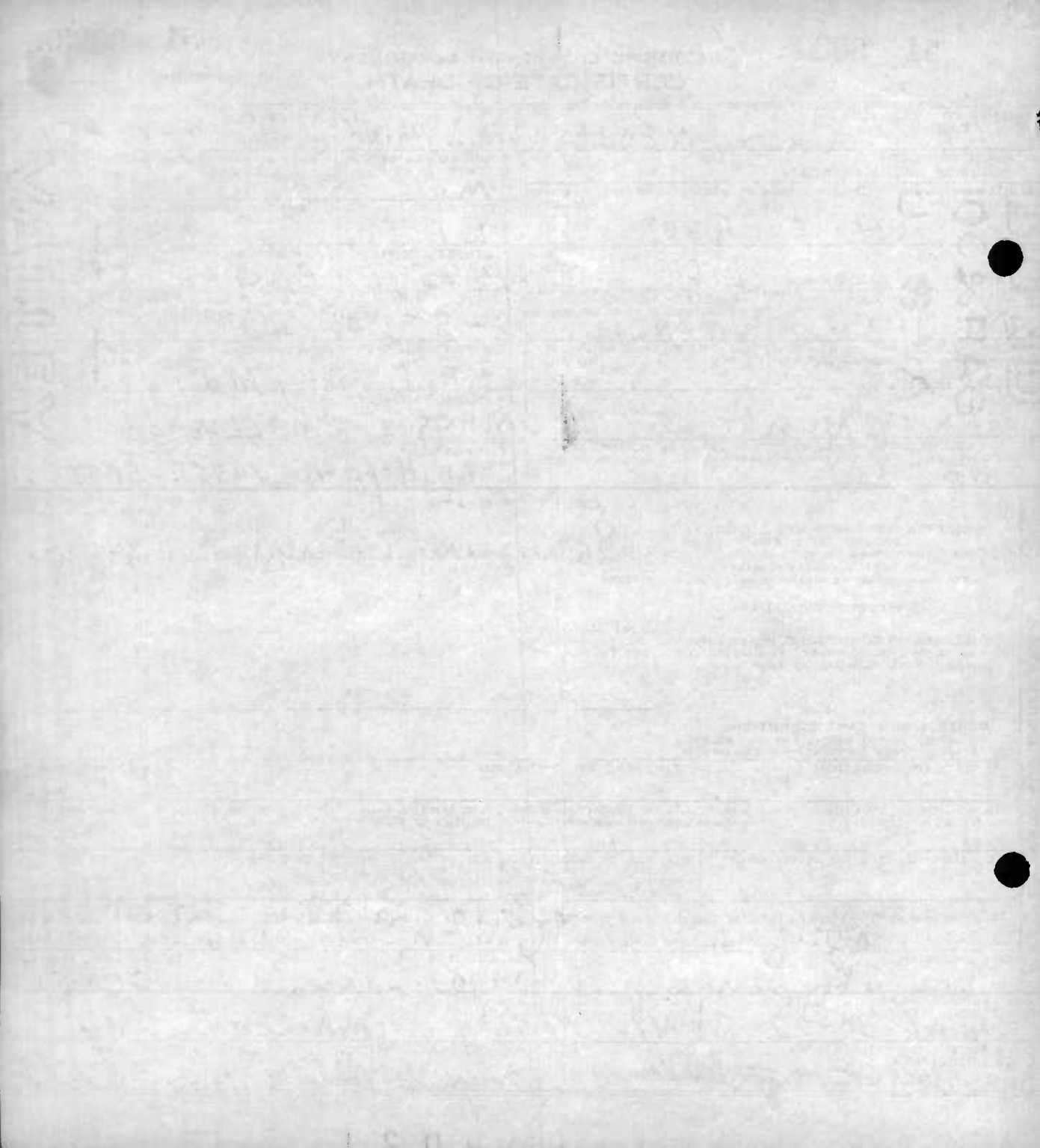
25. FUNERAL DIRECTOR

ADDRESS

OCT 22 1951

Huntington Williams, M.D.

Joseph S. Locks, Jr. 1304 N. Central Ave



51 9034

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

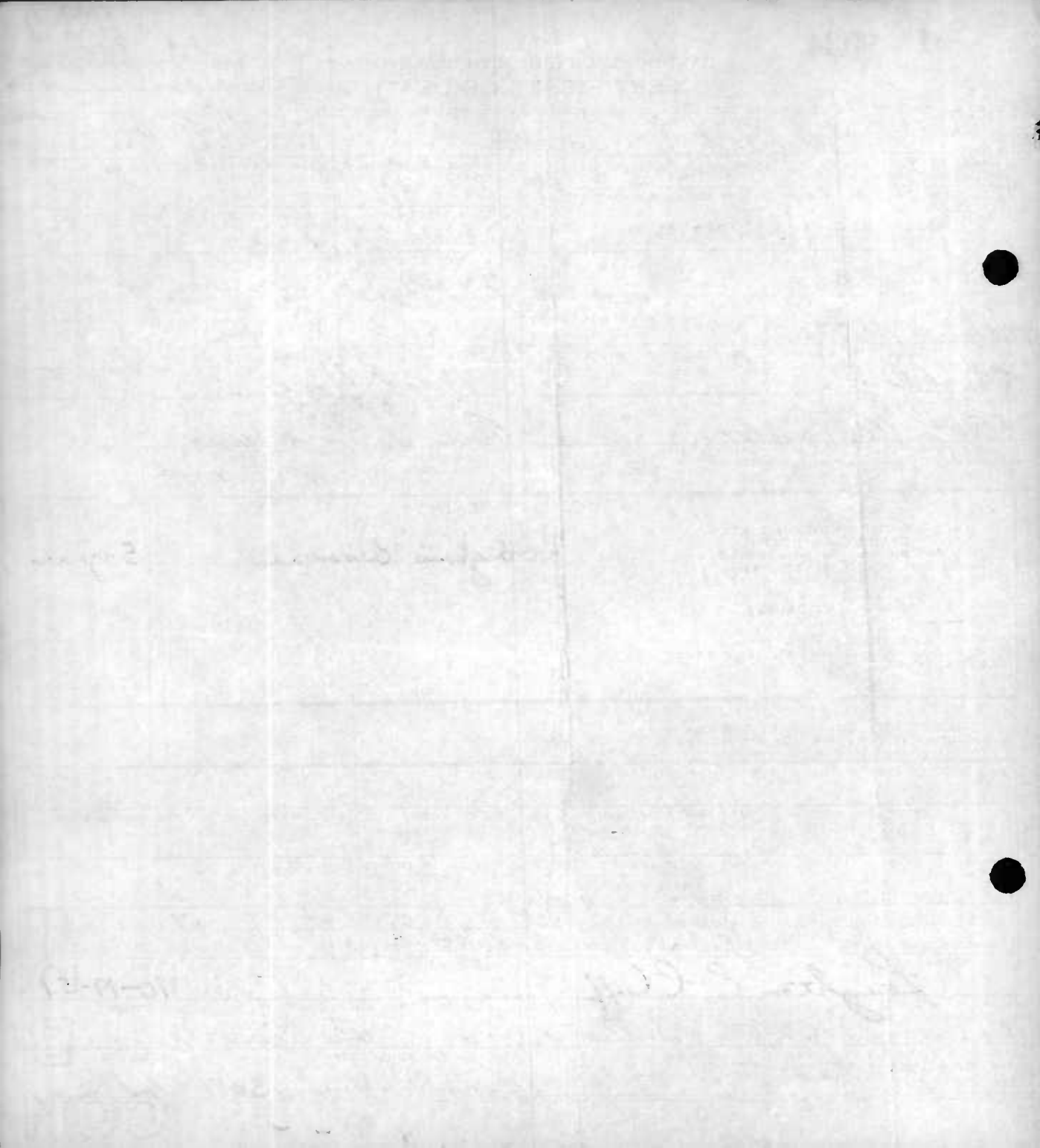
51 9034

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <i>Kenneth B Taylor</i>		2. DATE OF DEATH <i>Oct 19, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>JOHNS HOPKINS HOSPITAL</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 8-01</i>	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <i>2923 Erdman Ave</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Mar.</i>	8. DATE OF BIRTH <i>6-8-09</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Bookkeeper</i>		10B. KIND OF BUSINESS OR INDUSTRY _____	
13. FATHER'S NAME <i>Roy A. Taylor</i>		14. MOTHER'S MAIDEN NAME <i>Bessie Pickering</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war & dates of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS _____	

18. <i>201X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Hodgkin's disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>5 years</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>21</i>		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) INJURY _____		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <i>Oct 7, 1951</i> , to <i>Oct 19, 1951</i> , that I last saw the deceased alive on <i>Oct 19, 1951</i> , and that death occurred at <i>9:45</i> p.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Leighton E. Cluff</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>10-19-51</i>	
24A. BURIAL CREMA- TION REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>10/22/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Baltimore Cem</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>		25. FUNERAL DIRECTOR <i>Leonard J. Ruck 5305 Hayford Rd</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 22 1951</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		ADDRESS _____	



51 9035

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9035  
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <i>Charles Perry</i>			2. DATE OF DEATH <i>Oct 20, 1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>Md</i> B. COUNTY			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. 1-04</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Johns Hopkins Hospital</i>			D. STREET ADDRESS (If rural, give location) <i>2228 Cambridge St</i>			E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>about 1886</i>		9. AGE (In years last birthday) <i>65</i>	If Under 1 Year Months: _____ Days: _____		If Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Boiler Maker</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Steam fitting</i>			11. BIRTHPLACE (State or foreign country) <i>Shattysylvania Va</i>		
13. FATHER'S NAME <i>Lawrence Perry</i>			14. MOTHER'S MAIDEN NAME <i>Bessie Brooks</i>			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>Unknown</i>			16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS <i>John Perry (Brother) McHenry Va.</i>		

18. <i>422.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Arteriosclerotic Cardiovascular</i>	CAUSE OF DEATH (A) <i>Arteriosclerotic Cardiovascular</i> DUE TO	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Disase</i>	(B) <i>Disase</i> DUE TO	
(C)		

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

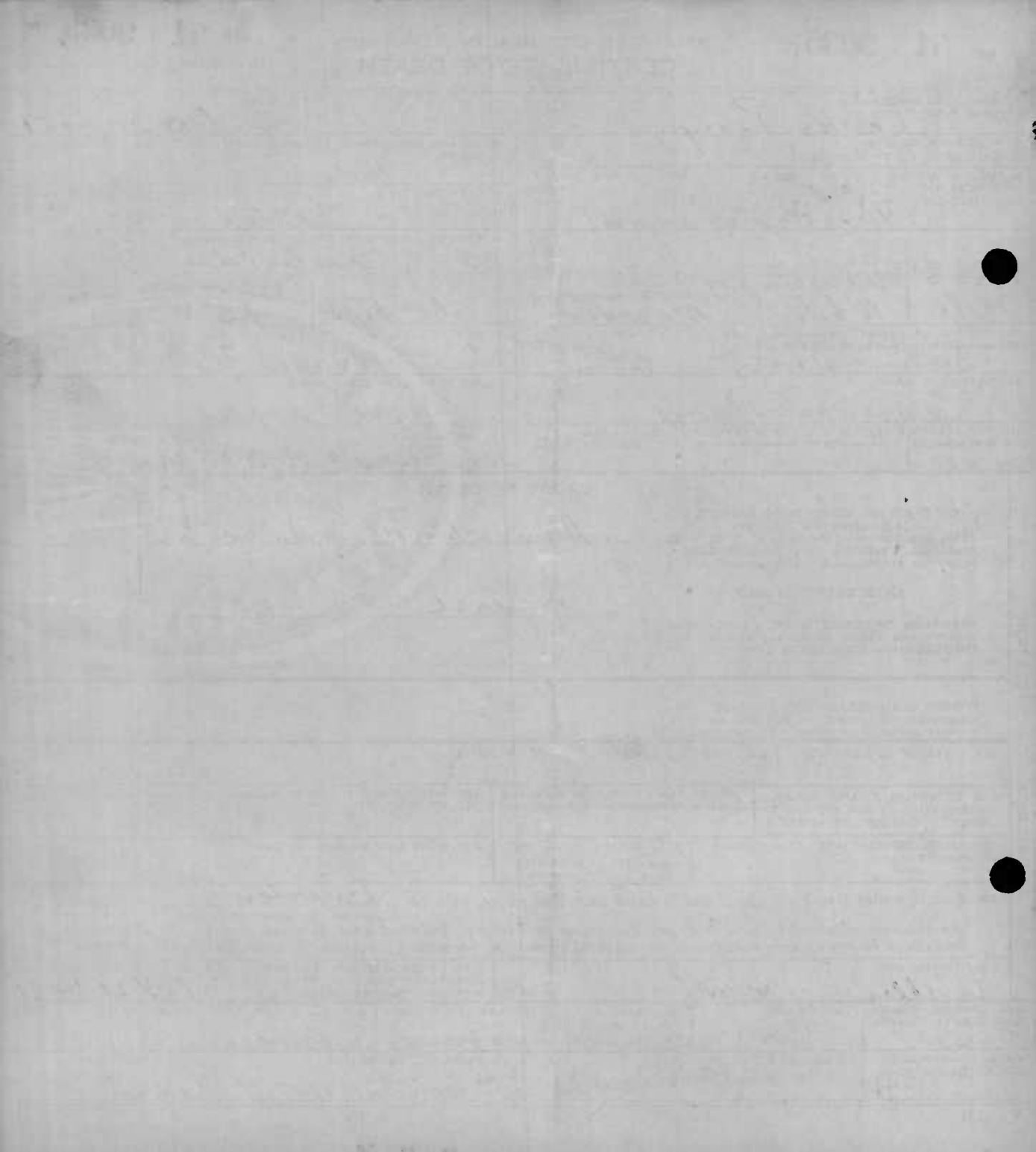
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an *Inspection* thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE <i>William Wood</i>	23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....	23C. DATE SIGNED <i>Oct 21 1951</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24B. DATE <i>10/22/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Public Burying Grounds Shattysylvania Va.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>10/22/51</i>	REGISTRAR'S SIGNATURE <i>William Wood</i>	25. FUNERAL DIRECTOR <i>Wm Cook Inc. 1217 St. Paul St.</i>

50324

093d





51 9036

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9036

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MARIE B. POSTON

2. DATE  
OF  
DEATH

Oct. 20, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

1616 N. Gay Street

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 19, 1902

9. AGE (In years  
last birthday)

49

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

At home

11. BIRTHPLACE (State or foreign country)

Pa.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

John Gunter

14. MOTHER'S MAIDEN NAME

Bertha M. Kipp

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

None

17. INFORMANT

ADDRESS

Gloria P. Fries, 1616 N. Gay St.

18. 4201 I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Coronary Occlusion

5 hrs.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) DUE TO  
(C)

Coronary Artery

1 hrs.

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3:00 p.m., 1946, to 20 Oct., 1951, that I last saw the  
deceased alive on 20 Oct., 1951, and that death occurred at 2:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Oct. 23, 1951

Baltimore

Baltimore, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 22 1951

Huntington Williams, M.D.

M. G. G. G.

1214 St Paul St

1901, 17, 1901

1901, 17, 1901

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1901, 17, 1901

1901, 17, 1901

51 9037

51 9037

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Charles C. Wagner

2. DATE  
OF  
DEATH

Oct. 21, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION

Johns Hopkins Hospital

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Lake Ready Man

10B. KIND OF BUSINESS OR INDUSTRY

Box &amp; Label Co

13. FATHER'S NAME

Henry W. Wagner

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

8-5-28

9. AGE (In years last birthday)

23

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Fannie Brekm

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 181X and 002X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

## CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

7 months

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Pulmonary tuberculosis

3 years

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

3/17/54 7/21/54  
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

20. AUTOPSY?  
YES ☒ NO ☐

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/19, 1951, to 10/21, 1951, that I last saw the deceased alive on 10/21, 1951, and that death occurred at 8:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Walter S. Butler III

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

10/21/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10/24/51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Carmel

24D. LOCATION (City, town, or county) (State)

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

10/22/51

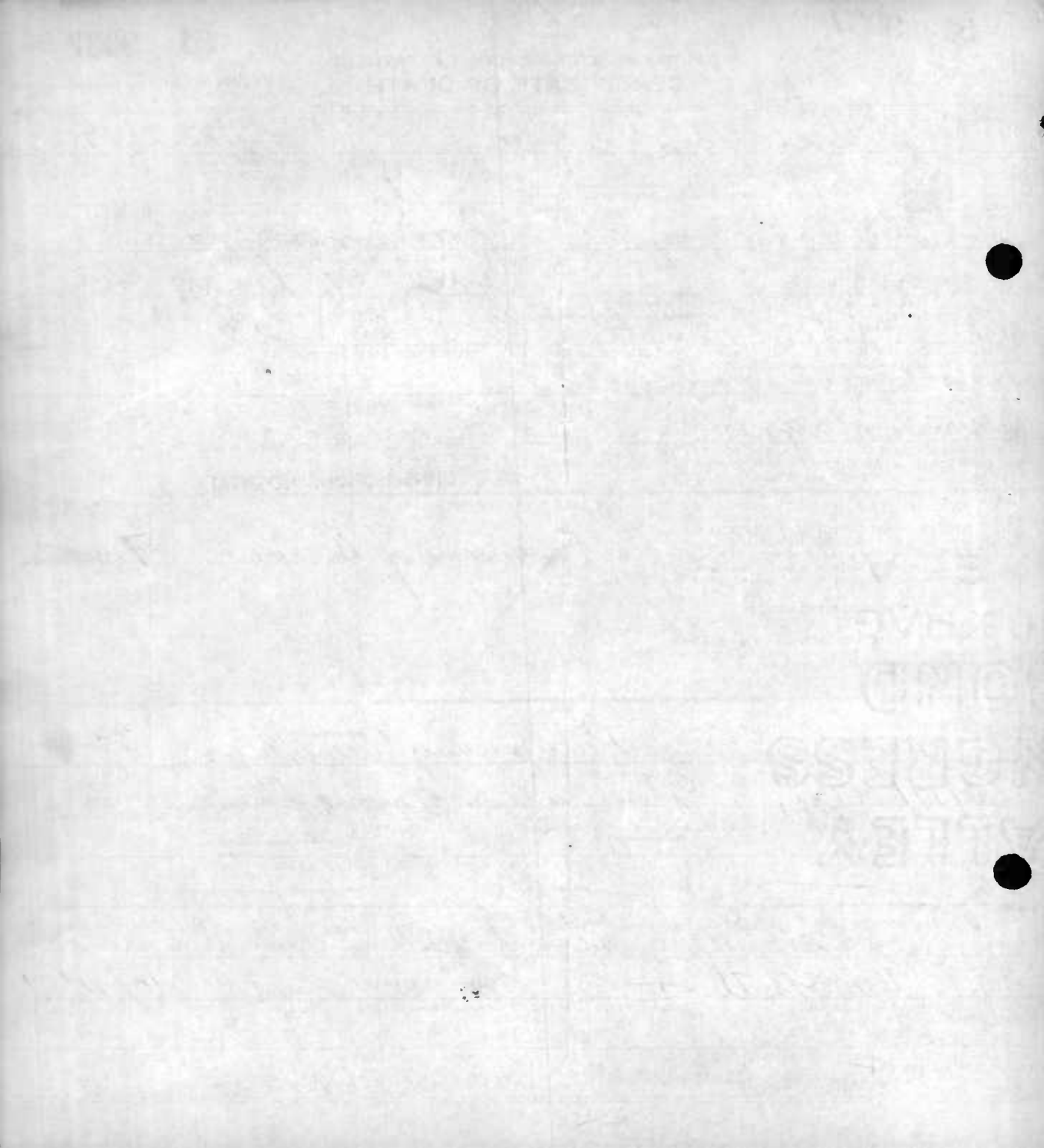
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm Cook Inc. 1217 St. Paul St

ADDRESS



51 9038

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9038  
Registered No.

BIRTH NO. 51-23897

1. NAME OF DECEASED  
(Type or Print)

BABY GIRL BASEL (Leora Ella)

2. DATE  
OF  
DEATH

10/21/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Lutheran Hospital

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

10/10/51

9. AGE (In years  
last birthday)

11 Days

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Chas. N. Basel

14. MOTHER'S MAIDEN NAME

Leora E. Kennard

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Chas. N. Basel 648 Marietta Ave

18. 751X I

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

meningo-myelocoele  
Spina bifidaINTERVAL BETWEEN  
ONSET AND DEATH11 days  
.. h

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 10, 1951, to Oct. 21, 1951, that I last saw the  
deceased alive on Oct. 21, 1951, and that death occurred at 4:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Daniel Silverstein, M.D.

23B. ADDRESS

Lutha House of Med

23C. DATE SIGNED

10/21/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

221951

Lutheran Hospital

Wm. G. Inc. 1217 St. Paul St.





51 9039

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9039  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

CARL P. WALDECKER

2. DATE  
OF  
DEATH

10-20-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE before admission)

MD

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

UNIVERSITY HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

BALT

27-13

D. STREET ADDRESS (If rural, give location)

5913 FALLS RD

E. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

July 19-1896

9. AGE (In years  
last birthday)

75

If Under 1 Year  
Months: Days Hours: Min.10A. A. OCCUPATION (Give kind of  
work done during most of working life, even if retired)

WATCHMAN

10B. KIND OF BUSINESS OR  
INDUSTRY

US MARITIME COMM

11. BIRTHPLACE (State or foreign country)

D.C.

12. CITIZEN OF  
WHAT COUNTRY?

US

13. FATHER'S NAME

HERMAN WALDECKER

14. MOTHER'S MAIDEN NAME

MATILDA? ROGER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

NO

17. INFORMANT

Mrs. BEA WALDECKER, FALLS RD

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(A) INTRACRANIAL HEMORRHAGE  
DUE TO HYPERTENSIVE ARTERIOSCLEROTIC  
VASCULAR DISEASE

(B)

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

2 DAYS

?

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

10-18-51

19B. MAJOR FINDINGS OF OPERATION

ARTERIOGRAM- INCONCLUSIVE

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐  
WORKNOT WHILE ☐  
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-18, 1951, to 10-20, 1951, that I last saw the  
deceased alive on 10-20, 1951, and that death occurred at 1:18 P.m., from the causes and on the date stated above.

23A. SIGNATURE

George M. Williams

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

10-20-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

10/23/51

24C. NAME OF CEMETERY OR CREMATORY

MEADOWRIDGE

24D. LOCATION (City, town, or county)

WASH BLVD

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

George M. Williams

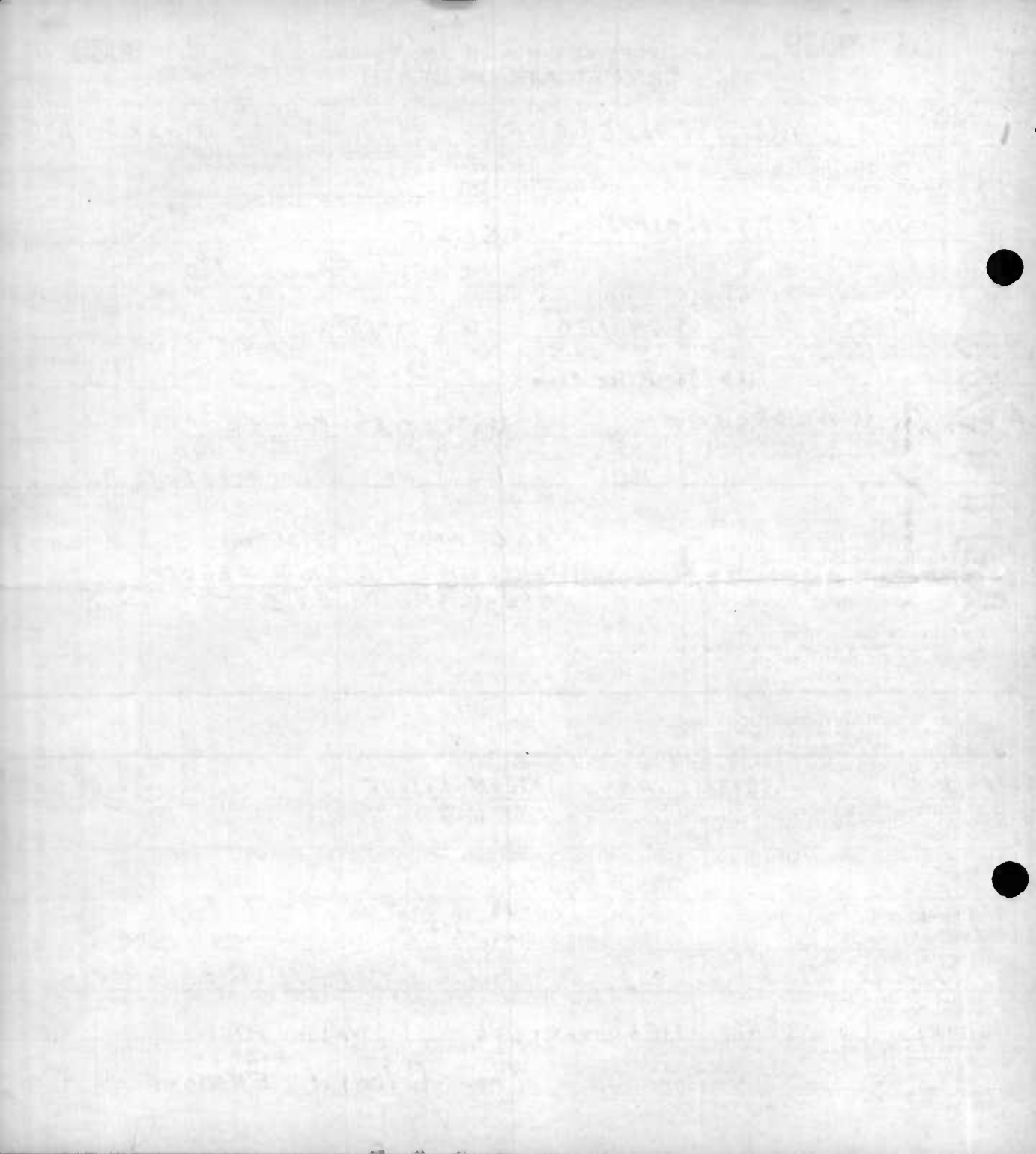
25. FUNERAL DIRECTOR

Chas. P. Towell

ADDRESS

2421 EDMONDSON, AVE





51 9040

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

51 9040

## 1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

## 3 (a) FULL NAME

(b) If veteran, name war

(c) Social Security Account No.

4 Sex

5 Color or race

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years

Months

Days

If less than one day

hr.

min.

9. Birthplace

(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER  
MOTHER

12. Name

13. Birthplace

14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

(a) Burial, cremation, or removal

(b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location

18 (a) Funeral director

(b) Address

19 (a) OCT 22 1957

(b) Registrar

## 2. USUAL RESIDENCE OF DECEASED:

(a) State

(b) County

(c) City or town

(If outside city or town limits, write RURAL and give town)

(d) Street No.

(If rural give location)

(e) If foreign born, how long in U. S. A.?

years

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Oct 20 19 57, at 7:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1 1950, to Oct 20 1957, and that I last saw him alive on Oct 20 19 57.

Immediate cause of death

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

## PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place?

While at work?

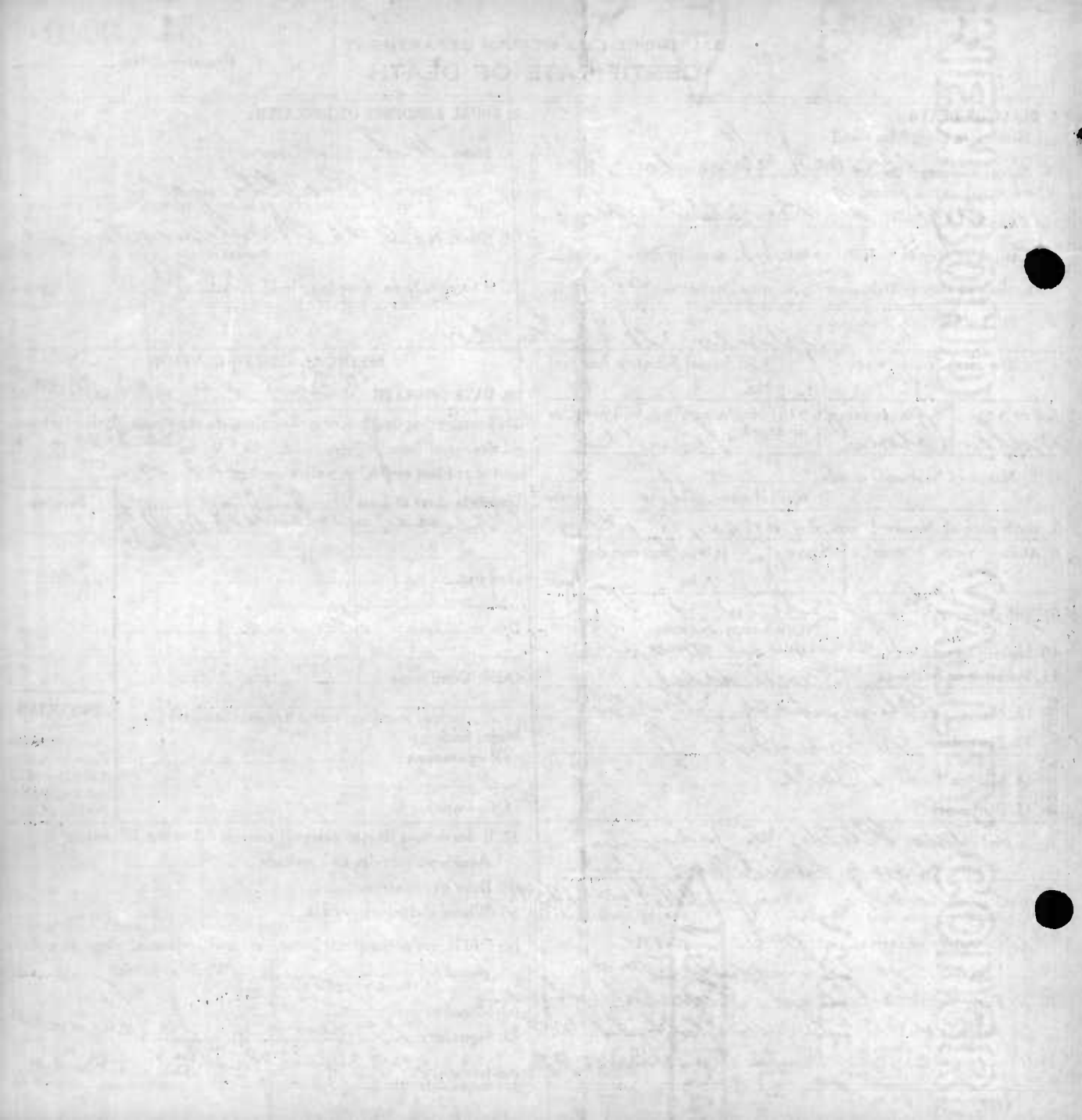
(Specify type of place)

(e) Means of injury

23. Signature

Address

Date signed



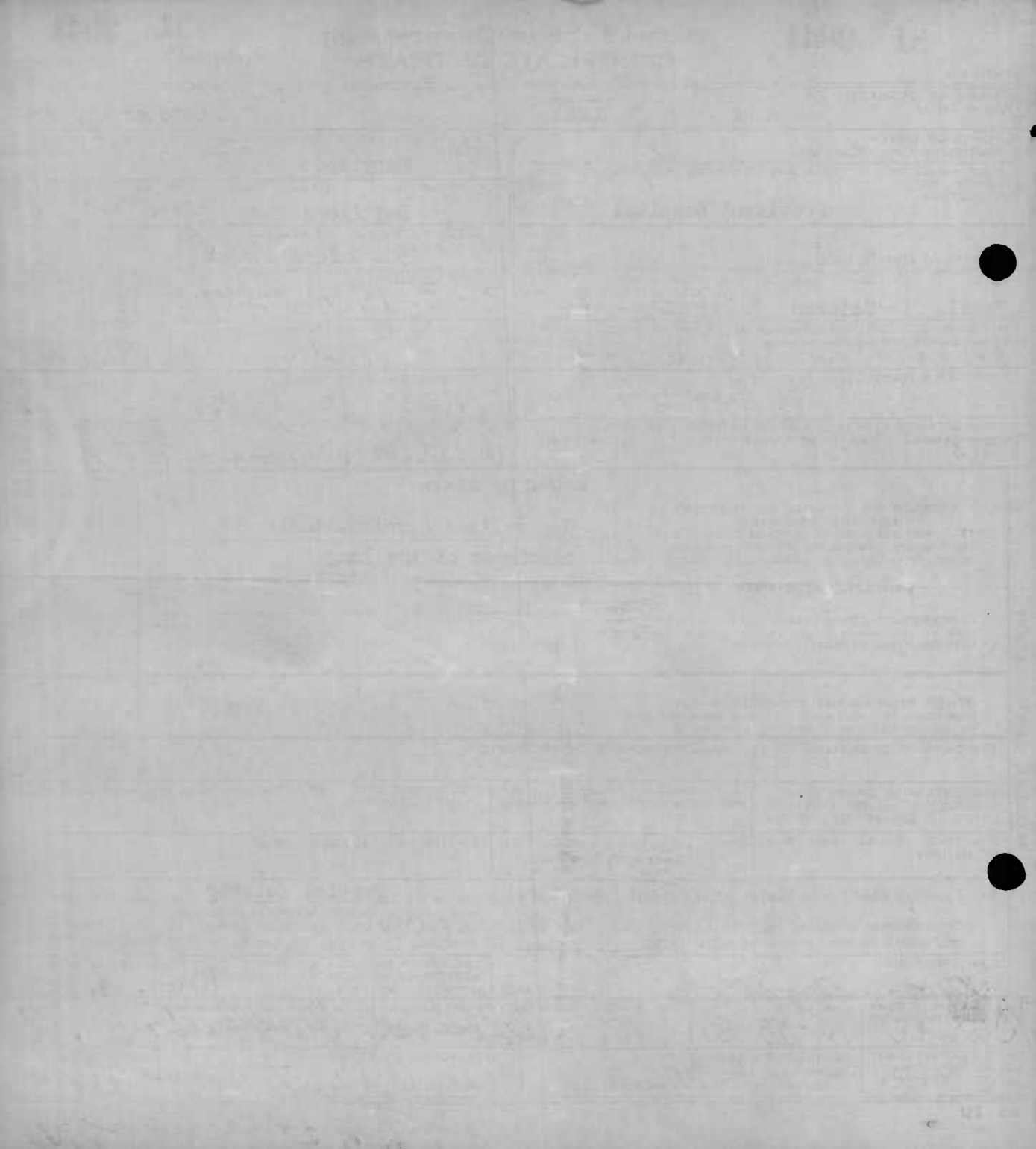
51 9041

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9041

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) MARY TONEY		2. DATE OF DEATH October 15, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 17-02			
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 504 Oxford Street			
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH ?-?-1904	9. AGE (In years last birthday) 47	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Md.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Joe Benson		14. MOTHER'S MAIDEN NAME Mary Wilson		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) no	
16. SOCIAL SECURITY NO.		17. INFORMANT William Toney		ADDRESS 418-047d	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Generalized carcinomatosis DUE TO carcinoma of the lung INTERVAL BETWEEN ONSET AND DEATH					
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)					
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Partial Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William Toney		23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Oct. 19, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10-23-51		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn, Baltimore, Md.	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		25. FUNERAL DIRECTOR W. Halstead		ADDRESS 418-047d	
DATE RECEIVED BY LOCAL REGISTRAR OCT 22 1951		REGISTRAR'S SIGNATURE L. Williams		25. FUNERAL DIRECTOR W. Halstead	
ADDRESS		ADDRESS			



A60

AB-150183

51

9042

CERTIFICATE OF DEATH

11-5-51

BALTIMORE CITY HEALTH DEPARTMENT

51 9042  
Registered No.

## CERTIFICATE OF DEATH

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Reginald R. Taylor

2. DATE  
OF  
DEATH

10-19-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTEBaltimore City Hospitals  
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

915 Harlem Ave.

Length of stay in Baltimore

25yrs

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

N

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Divorced/Married

8. DATE OF BIRTH

June 1-1908

9. AGE (In years  
last birthday)

43

11 Under 1 Year  
Months Days11 Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Labour

10B. KIND OF BUSINESS OR  
INDUSTRY

13. FATHER'S NAME

James Taylor

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.17. INFORMANT Baltimore City Hospitals  
Records: 4940 Eastern Ave.

18. 343X

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Haemorrhagic Encephalitis

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

4 mos.

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

7-29-1951

19B. MAJOR FINDINGS OF OPERATION

Arteriograms

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-9-1951, to 10-19-1951, that I last saw the  
deceased alive on 10-19-1951, and that death occurred at 5A m., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Jones

M. D.

23B. ADDRESS

4940 Eastern Ave., Balto., Md.

23C. DATE SIGNED

10-19-1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

Oct. 22/51

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Durham N.C.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Mrs Robert A. Elister Daugherty

VS 150

97099

1129 N. Caroline St

80B

MEDICAL CERTIFICATION

100. There

When a  $\phi$  dome is visible at  
just antecedent condition  
can be determined; measure  
the above place

1/1/1/1

100. There



51 9043

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9043

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

AUGUSTA WILHELMINA MCGINNIS

2. DATE  
OF  
DEATH

Oct. 20, 1951.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)A. STATE  
Md.B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

837 Hillman Court

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

10-02

D. STREET ADDRESS (If rural, give location)

837 Hillman Court

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Nov. 5, 1880

9. AGE (In years  
last birthday)

70

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

William Kothe

14. MOTHER'S MAIDEN NAME

Anna Lemrick

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. John C. McGinnis - 837 Hillman Court

18. 420.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Coronary Thrombosis

DUE TO

## ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 18, 1951, to Oct 20, 1951, that I last saw the  
deceased alive on Oct 20, 1951, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Walter Scagnetti

M. D.

23B. ADDRESS

1724 W. Lombard St

23C. DATE SIGNED

10-22-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/23/51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

OCT 22 1951

REGISTRAR'S SIGNATURE

Walter Scagnetti, M.D.

25. FUNERAL DIRECTOR

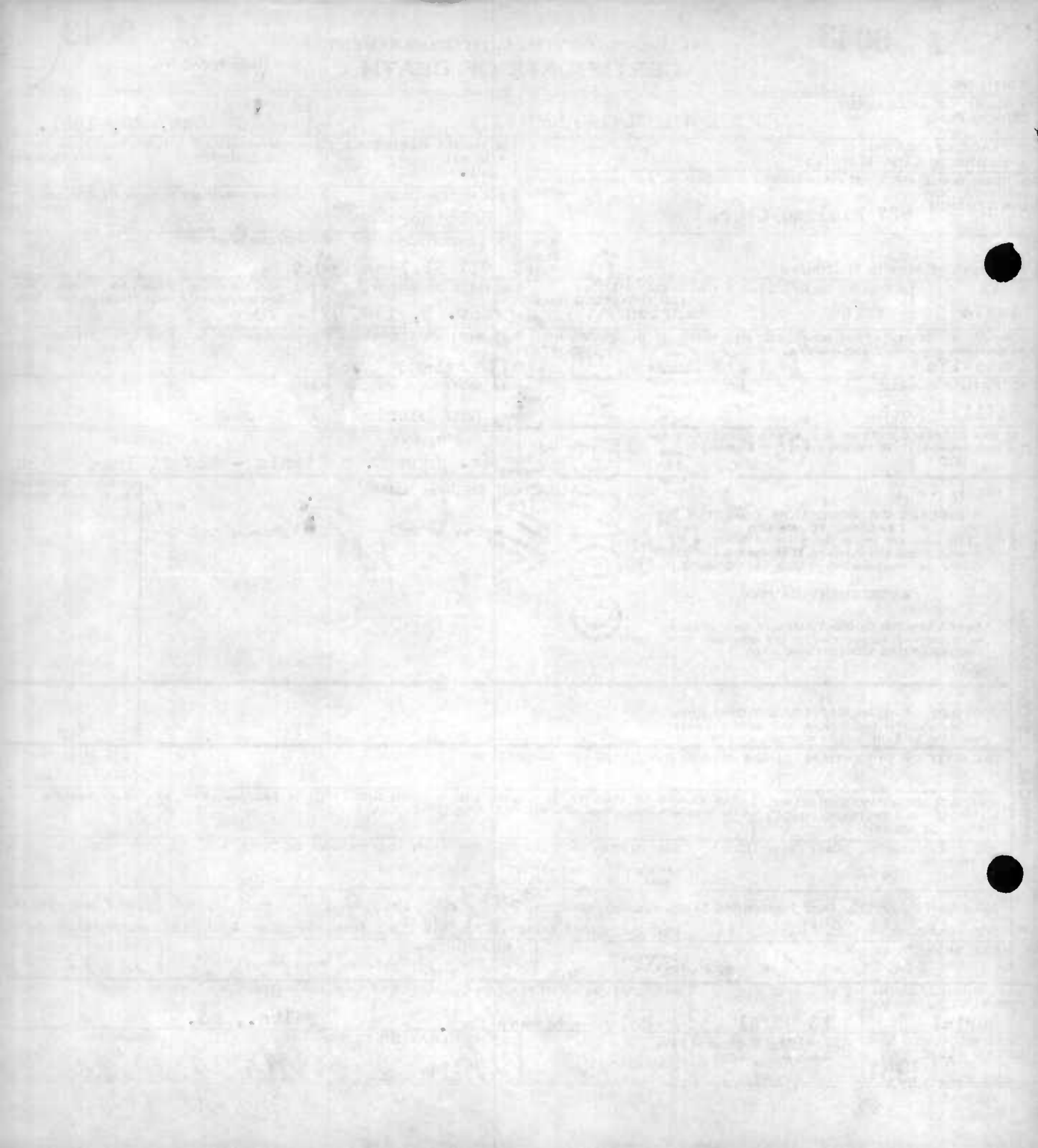
ADDRESS

Wm. J. Tichener &amp; Sons

VS 150

094a Balto Md.

MEDICAL CERTIFICATION



51 9044

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9044

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ROSELLE ROWE

2. DATE  
OF  
DEATH

Oct. 18, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

2803 Garrison Blvd.  
Garrison Nursing Home

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

4004 Groveland Ave.

Yrs.  
Mos.  
Days

Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years  
last birthday)If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.

female

white

widowed

June 29, 1867

84

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

John H. Marsden

14. MOTHER'S MAIDEN NAME

Eliza Elton

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

none

17. INFORMANT

ADDRESS

Mrs. Myrtle Gorsuch - 4004 Groveland Ave.

18. 420.0

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Arterio-sclerotic Heart Disease

10 yrs.

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

(1) - Chronic Bronchitis

5 yrs.

DUE TO

(C)

(2) Generalized Arterio-sclerosis

10 yrs.

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

- Chronic - Infectious Arthritis

12 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from Jan - 7 - 1946 to Oct - 18 - 1951 that I last saw the deceased alive on Oct - 16 - 1951 and that death occurred at 6:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

Earl L. Chambers

4108 Liberty Hts. Ave.

10/19/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/22/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 22 1951

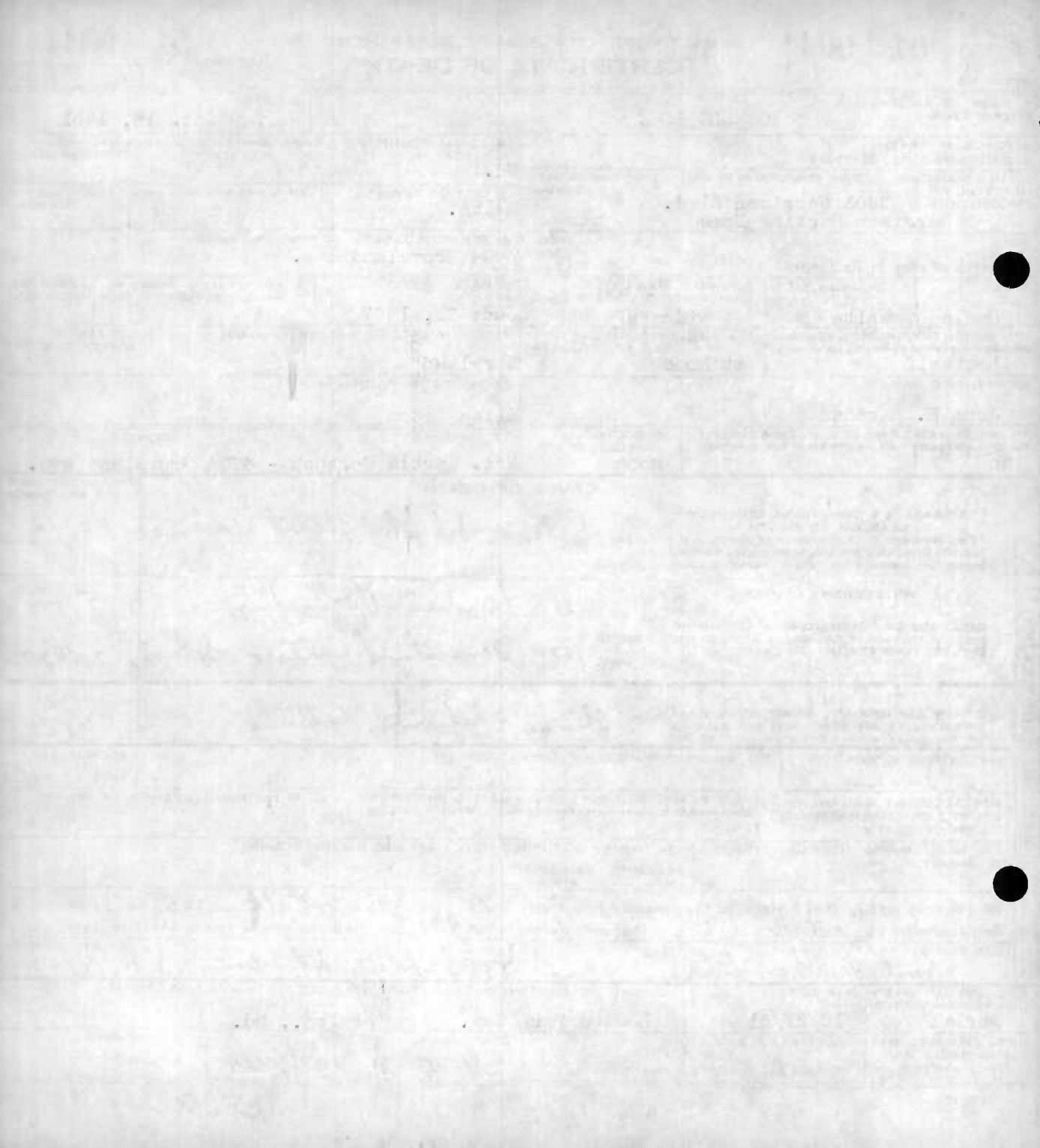
Huntington Williams, M.D.

Wm. J. Vickers &amp; Sons

VS 150

Balto Md.  
093C

MEDICAL CERTIFICATION



120 51 9045

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9045  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>William James Epps</i>		2. DATE OF DEATH <i>Oct 20, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY <i>Balto</i>			
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>407 N. Vincent St</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i>			
C. Length of stay in Baltimore <i>25 years.</i>		D. STREET ADDRESS (If rural, give location) <i>407 N. Vincent St</i>			
5. SEX <i>M</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>March 1, 1877</i>	9. AGE (In years last birthday) <i>74</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Labner</i>		10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>George Epps</i>		14. MOTHER'S MAIDEN NAME <i>Margaret Nash</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>212-05-3286</i>		17. INFORMANT ADDRESS <i>Marion Epps 407 N. Vincent St</i>	
18. <i>332X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  DUE TO  DUE TO  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH <i>Cerebral Thrombosis</i>  <i>Hypertension</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 months</i>  <i>&gt;</i>	
19A. DATE OF OPERATION <i>10</i>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>9/25</i> , 1951, to <i>10/20</i> , 1951, that I last saw the deceased alive on <i>10/19</i> , 1951, and that death occurred at <i>9:45</i> a.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Douglas Shepperd</i>		23B. ADDRESS <i>604 N. Fulton Ave</i>		23C. DATE SIGNED <i>10/22/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>10-24-51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>mt auburn</i>	
24D. LOCATION (City, town, or county) (State) <i>md</i>		25. FUNERAL DIRECTOR <i>Geo. S. Nelson</i>		ADDRESS <i>1303 Prestrman St</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 22 1951</i>		REGISTRAR'S SIGNATURE <i>Wm. J. Williams</i>		ADDRESS	

604

Fultons



52051 9046

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9046  
Registered No.BIRTH NO. *Don Res.*1. NAME OF DECEASED  
(Type or Print)*Lawrence Curtis King*2. DATE  
OF  
DEATH*OCT 21 1951*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)*JOHNS HOPKINS HOSPITAL*

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

*male*

6. COLOR OR RACE

*white*7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)*S.*

8. DATE OF BIRTH

*Dec 27, 1947*9. AGE (In years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY*mom*

11. BIRTHPLACE (State or foreign country)

*Harford*12. CITIZEN OF  
WHAT COUNTRY?*U.S.*

13. FATHER'S NAME

*alter King*

14. MOTHER'S MAIDEN NAME

*Marin Curry*15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

*JOHNS HOPKINS HOSPITAL*

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

(B) DUE TO

(C) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.*Status epilepticus**12 hrs.*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the  
deceased alive on *10-21-* 1951, and that death occurred at *7:10 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

*Howard L. Spore*

M. D.

*JOHNS HOPKINS HOSPITAL**10-22-51*24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

*Oct 23*

24C. NAME OF CEMETERY OR CREMATORY

*Harlington*

24D. LOCATION (City, town, or county)

*Harford Co Md*

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

*Wmington Williams, M.D.*

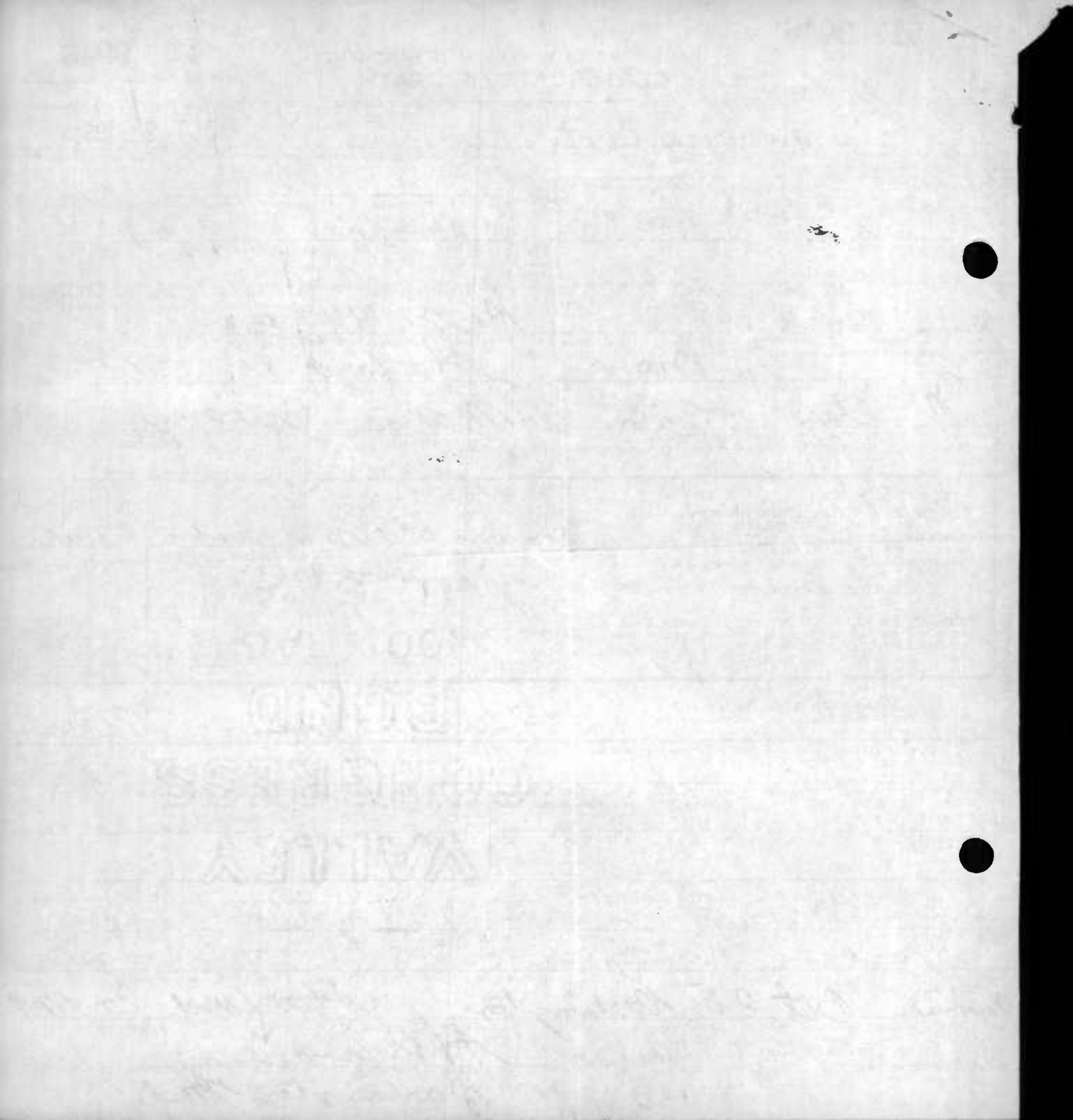
25. FUNERAL DIRECTOR

*H & Bailey*

ADDRESS

*Harlington Md.*





452

9047

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9047

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Elizabeth H. Fillinghast		10.19.51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
Doctors Hospital		Baltimore 16-08	
D. STREET ADDRESS (If rural, give location)		4016 Edmondson Ave	
Length of stay in Baltimore 71 years		Yrs. Mos. Days	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
Female	White	Widowed	Apr. 29, 1880
9. AGE (In years last birthday)		10. BIRTHPLACE (State or foreign country)	
71		Maryland	
11. CITIZEN OF WHAT COUNTRY?		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Wagner		Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
(If yes, give war or dates of service)		17. INFORMANT ADDRESS	
		Mrs. Lillian Hall, 4016 Edmondson	

18. 443x I	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)	(A) Acute pulmonary edema	
ANTECEDENT CAUSES	(B) Hypocardial failure	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) Hypertensive Cardio-Vascul. Disease	
II		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10.10.1951, to 10.19.1951, that I last saw the deceased alive on 10.19.1951, and that death occurred at 538 m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
H. W. Scheyer	3921 Edmondson Ave.	10/20/51
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY
Burial	Oct. 22/51	Church of God Cemetery
24D. LOCATION (City, town, or county) (State)	Union Iron Works, Md.	

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS
OCT 22 1951	Dr. Scheyer	Harry H. Witzke, 4101 Edmondson Ave.

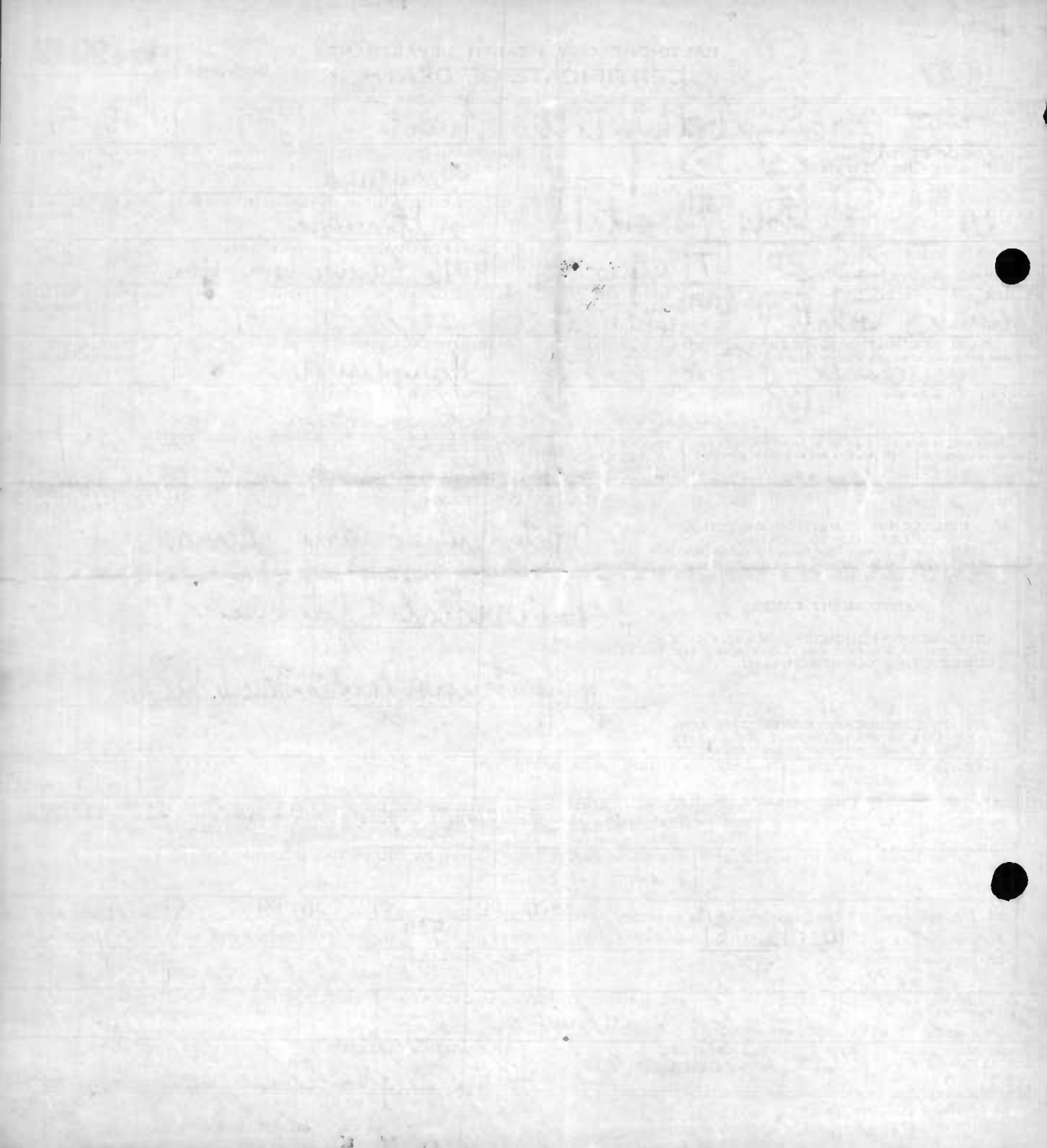
VS 150

Dr. Scheyer-

0.932

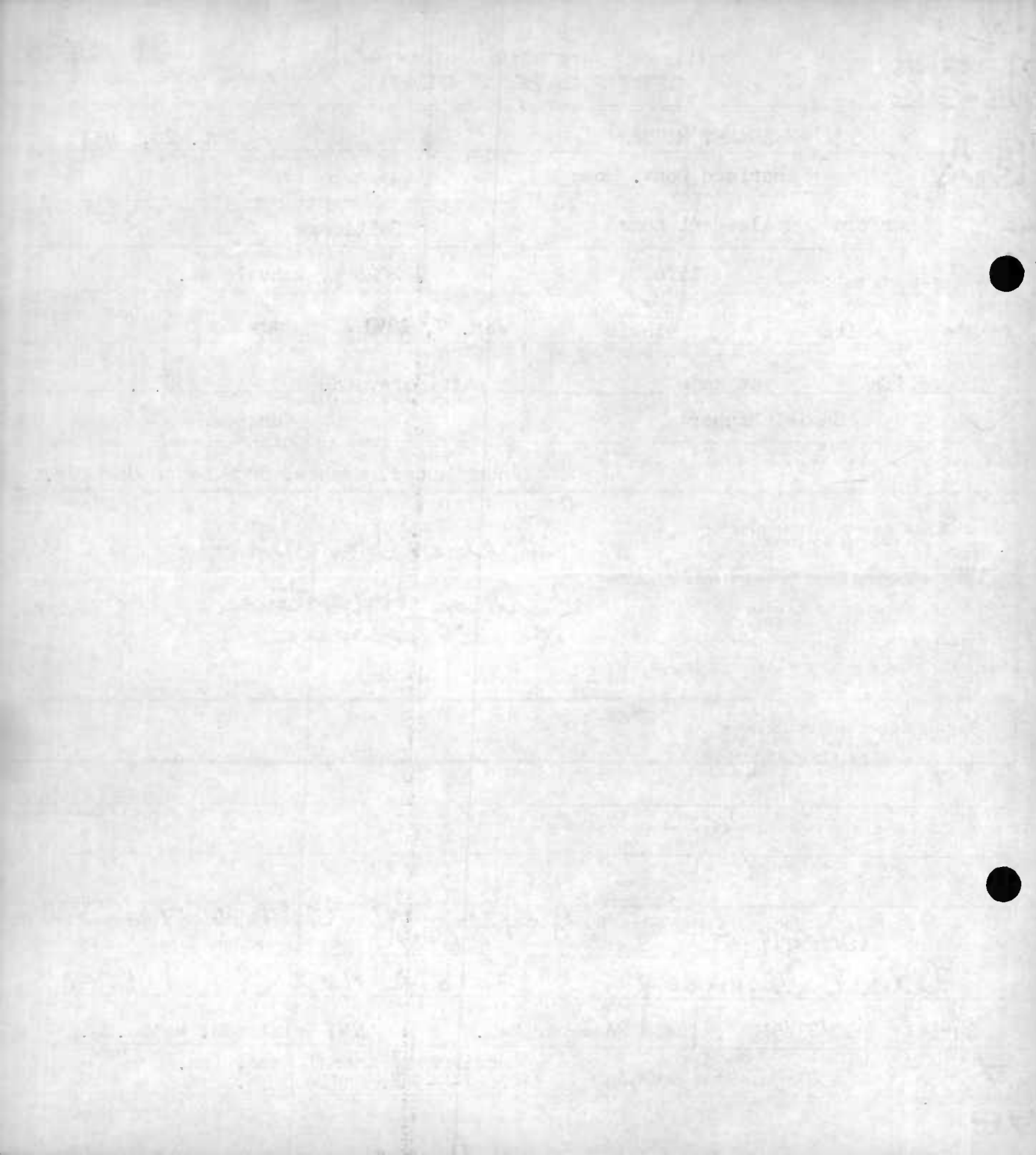
Ave.

MEDICAL CERTIFICATION



260  
51 9048BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9048  
Registered No. \_\_\_\_\_

BIRTH NO. _____		1. NAME OF DECEASED (Type or Print) <b>MARGARET MAUSER</b>		2. DATE OF DEATH <b>Oct. 20, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Harford Conv. Home</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY _____			
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Harford Convalescent Home</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>			
C. Length of stay in Baltimore <b>life</b>		D. STREET ADDRESS (If rural, give location) <b>2026 E. Lanvale St.</b>			
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>Jan. 7, 1871</b>	9. AGE (In years last birthday) <b>80</b>	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>at home</b>		11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>	
13. FATHER'S NAME <b>Daniel Mauser</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. <b>none</b>		14. MOTHER'S MAIDEN NAME <b>Unknown</b>	
17. INFORMANT <b>John Mauser, nephew, 3808 Gwynn Oak Ave.</b>		ADDRESS _____			
18. <b>442X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cerebral Hemorrhage</b> DUE TO <b>Cardiac Hypertensive</b> DUE TO <b>Renal Disease</b> DUE TO <b>Renal Disease</b> DUE TO <b>Renal Disease</b>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <b>3 Days</b> <b>5 yrs.</b>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>July 14, 1946</b> to <b>October 20, 1951</b> that I last saw the deceased alive on <b>October 19, 1951</b> , and that death occurred at <b>6:05 A.M.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Albert Eisenberg</b>		23B. ADDRESS <b>2025 E North Ave</b>		23C. DATE SIGNED <b>10-20-51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10/23/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Holy Redeemer Cem.</b>	
24D. LOCATION (City, town, or county) (State) <b>Balto. Md.</b>		25. FUNERAL DIRECTOR <b>Schimmek Funeral Home, Inc.</b> 2601-3-5 E. Madison St.			
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 22 1951</b>		REGISTRAR'S SIGNATURE <b>Walter J. Williams, M.D.</b>		ADDRESS _____	



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 9049  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**MARY F. JAECKSCH**

2. DATE  
OF  
DEATH

**OCT 20 1951**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

**531 N WOLFE ST.**

Yrs.  
Mos.  
Days

Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)

If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.

**FEMALE**

**WHITE**

**SINGLE**

**FEB 16 1863**

**88**

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

**HOUSE WORK**

**AT HOME**

**BALTIMORE**

**U. S. A.**

13. FATHER'S NAME

**THEODORE JAECKSCH**

14. MOTHER'S MAIDEN NAME

**MARY ?**

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

**NO**

**-**

**NONE**

**GEORGE D. SCHUCKERT 531 N WOLFE ST.**

18. **443 X 1**

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) **Pulmonary Edema**

**1 day**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) **Cardio-Vascular Hypertensive Disease**  
**Arteriosclerosis**

**12 years**  
**12 years**

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

22. I hereby certify that I attended the deceased from **March**, 1939, to **Oct, 20**, 1951, that I last saw the  
deceased alive on **Oct 19**, 1951, and that death occurred at **2 A. m.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

**Michael J. Dausch**

**M. D. 4636 Belair Road**

**10/20/51**

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

**BURIAL**

**OCT 22 1951**

**HOLY REDEEMER CEM.**

**4430 BELAIR RD MD.**

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

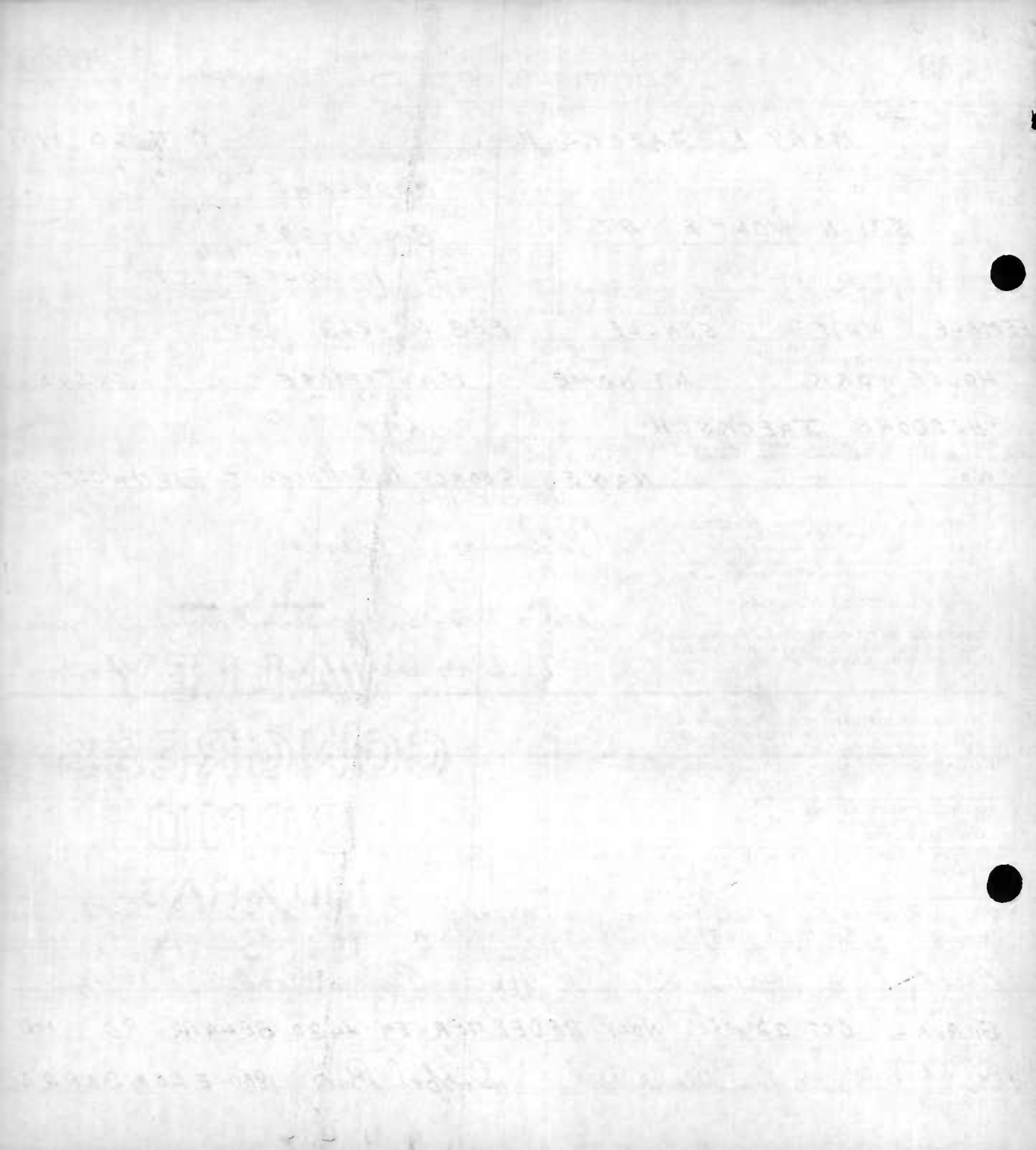
25. FUNERAL DIRECTOR

ADDRESS

**OCT 22 1951**

**William M. Williams**

**Dippel Bros. 1800 E LOMBARD ST.**





262  
1 9050BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9050

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

George E. Eckarius

2. DATE  
OF  
DEATH

10/21/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

University Hospital

C. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE (MARRIED)

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

11/20/1892

9. AGE (In years  
last birthday)

58

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Caretaker

10B. KIND OF BUSINESS OR  
INDUSTRY

Industrial

13. FATHER'S NAME

Frederick E. Eckarius

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Annie E. Eckarius

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

-

17. INFORMANT

ADDRESS

Annie Eckarius - Same as above

18. 444X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) CONGESTIVE FAILURE

DUE TO

7 DAYS

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) HYPERTENSION

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐

WORK

NOT WHILE ☐

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-20, 1951, to 10-21, 1951, that I last saw the deceased alive on 10-21, 1951, and that death occurred at 305A m., from the causes and on the date stated above.

23A. SIGNATURE

Geo M. Williams

M. D.

23B. ADDRESS

University Hosp

23C. DATE SIGNED

10-21-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/24/51

24C. NAME OF CEMETERY OR CREMATORY

London Park Cem

24D. LOCATION (City, town, or county)

3801 Frederick Ave

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

OCT 22 1951

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John Howard Low 901 Hollins St.

ADDRESS



200  
9051  
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

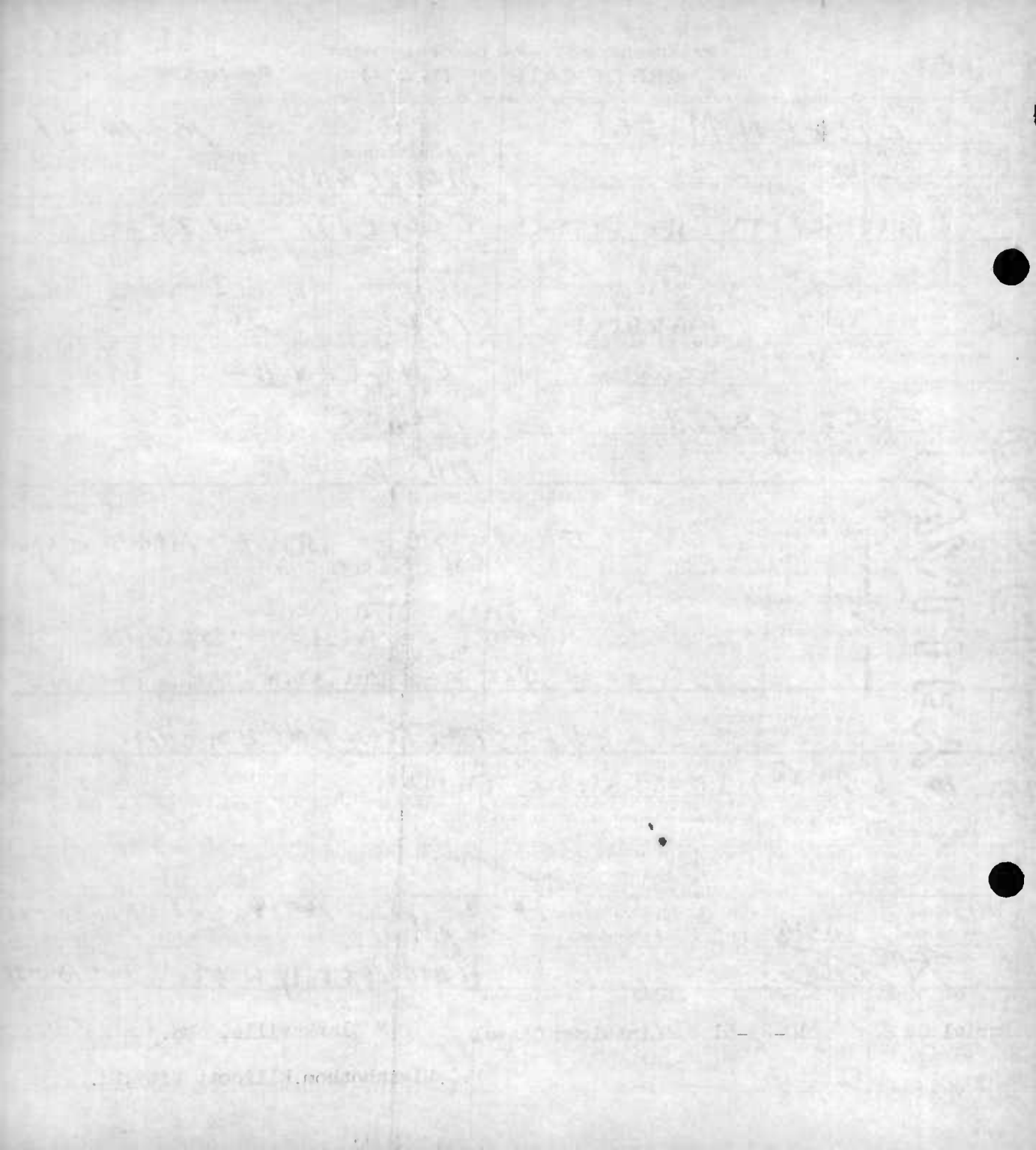
51 9051

Registered No.

1. NAME OF DECEASED (Type or Print) <b>EILEEN M 20X</b>		2. DATE OF DEATH <b>10-18-57</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND-</b> B. COUNTY <b>HOWARD</b>	
5. FULL NAME OF (If not in hospital or institution, give street address or location) <b>UNIVERSITY HOSPITAL</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>ELLICOTT CITY-</b>	
6. LENGTH OF STAY IN BALTIMORE <b>21</b>		D. STREET ADDRESS (If rural, give location) <b>---</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W-</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>1922</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (in years last birthday) <b>29-</b>	
10B. KIND OF BUSINESS OR INDUSTRY <b>HOUSEWORK</b>		11. BIRTHPLACE (State or foreign country) <b>ENGLAND-</b>	
13. FATHER'S NAME <b>ALFRED SMITH.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No-</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>HUSBAND</b>		ADDRESS	

18. <b>193X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>INCREASED INTRACRANIAL PRESSURE</b>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>BRAIN TUMOR- (LEFT - PARIETO- OCCIPITAL AREA)</b>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>HYPOSTATIC PNEUMONIA</b>		

19A. DATE OF OPERATION <b>6-23-56</b>		19B. MAJOR FINDINGS OF OPERATION <b>INOPERABLE TUMOR</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <b>10-7-57</b> to <b>10-18-57</b> , that I last saw the deceased alive on <b>10-18-57</b> and that death occurred at <b>11:25 p.m.</b> , from the causes and on the date stated above.				
23A. SIGNATURE <b>A. H. Hester</b>		23B. ADDRESS <b>UNIVERSITY HOSP -</b>		23C. DATE SIGNED <b>10-18-57</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>10-23-57</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Linthicum Chapel</b>	24D. LOCATION (City, town, or county) (State) <b>Clarksville, Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>9 OCT 22 1957</b>	REGISTRAR'S SIGNATURE <b>W. H. Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>F.C. Higinbotham, Ellicott City, Md.</b>		



525  
9052

51 9052

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

MARY FRANCIS JOHNSON

2. DATE  
OF  
DEATH

10-19-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

1717 Baker St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1717 Baker Street

Length of stay in Baltimore

?

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widow

B. DATE OF BIRTH

1867

9. AGE (In years  
last birthday) 10. Under 1 Year  
Months: Days 11. Under 24 Hours  
Hours: Min.

84

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Howard Co. Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

William Hammond

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.  
None17. INFORMANT ADDRESS  
Florence Robinson, 1717 Baker St. Balto

18. 420.0 I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from 10-13, 1951, to 10-19, 1951, that I last saw the  
deceased alive on 10-19, 1951, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)

Burial

10-23-51

Western Star

Baltimore, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 22 1951

F.C. Higinbotham, Ellicott City, Md.

VS 150

093d

10-10-01

WCSH NEL 210447 P.99M



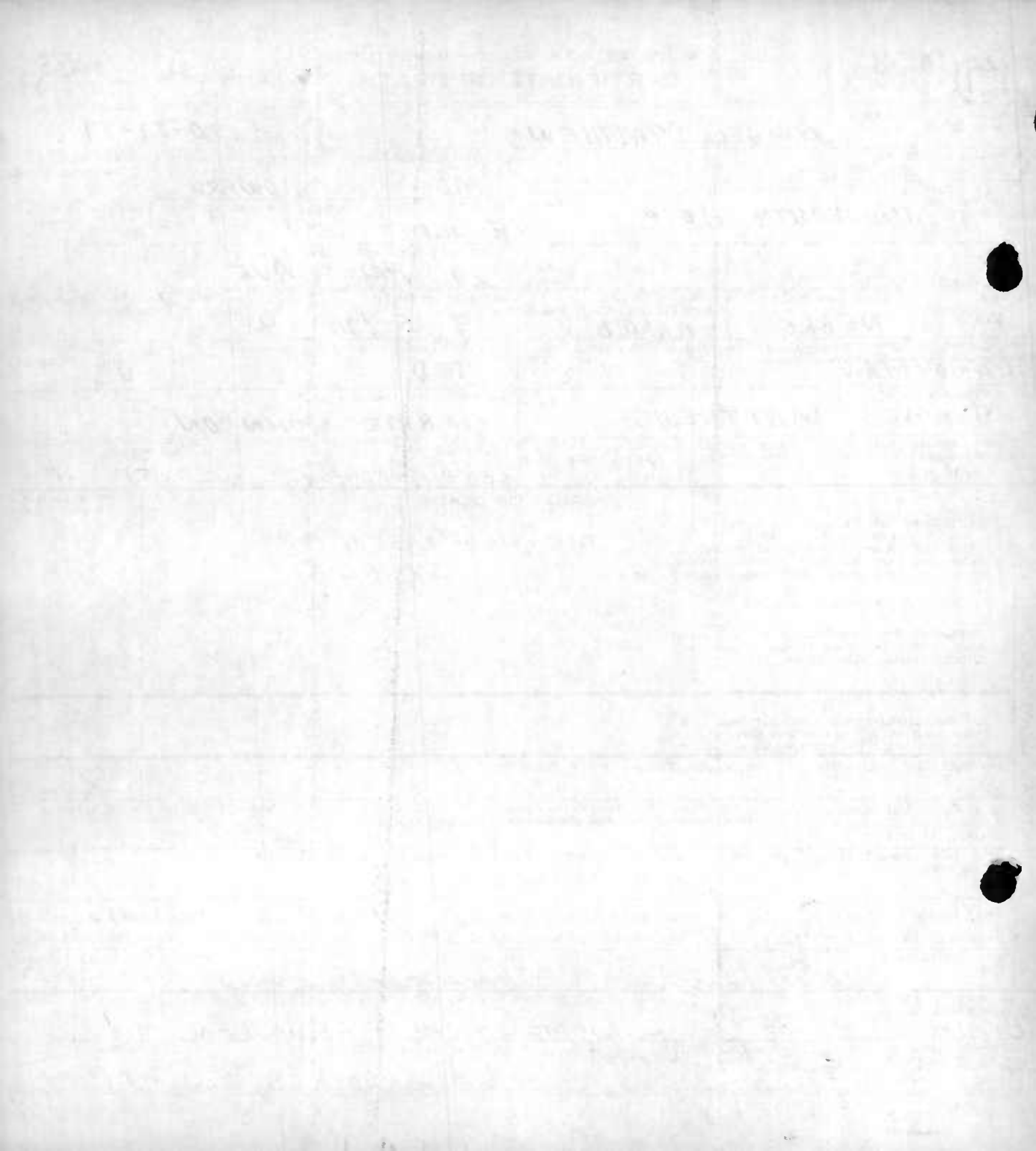
320  
51 9053

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9053

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>SAMUEL MATTHEWS</b>		2. DATE OF DEATH <b>10-21-51</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MD</b> B. COUNTY <b>HOWARD</b>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>UNIVERSITY HOSP</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>ELLICOTT CITY 63-00</b>			
Length of stay in Baltimore <b>1</b> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>27 FELS AVE</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>NEGRO</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>9-5-1910</b>	9. AGE (In years last birthday) <b>41</b>	If Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HANDYMAN</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>DAY WORK</b>	11. BIRTHPLACE (State or foreign country) <b>MD</b>		12. CITIZEN OF WHAT COUNTRY? <b>US</b>
13. FATHER'S NAME <b>JAMES MATTHEWS</b>			14. MOTHER'S MAIDEN NAME <b>CARRIE JOHNSON</b> ✓		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>?</b>	17. INFORMANT ADDRESS <b>LENA MATTHEWS - ELLICOTT CITY</b>		
18. <b>076X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CAUSE OF DEATH</b> (A) <b>MENINGO VASCULAR SYPHILIS</b> DUE TO (B) _____ DUE TO (C) _____ <b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>?</b> <b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>✓</b>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>10-20</b> , 19 <b>51</b> , to <b>10-21</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>10-21</b> , 19 <b>51</b> , and that death occurred at <b>8:50 AM.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Geo M. Hume</b>		23B. ADDRESS <b>University Hosp</b>		23C. DATE SIGNED <b>10-21-51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>10-25-51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>LOCUST CHAPEL</b>	
24D. LOCATION (City, town, or county) <b>ATHOLTON, MD.</b>		24E. DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 22 1951</b>		24F. REGISTRAR'S SIGNATURE <b>Walter J. Williams, Md</b>	
25. FUNERAL DIRECTOR <b>F. C. HIGINGBOTHAM, ELLICOTT CITY</b>		ADDRESS			





256  
51 9054BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No 51 9054

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

CURTIS WAGNER

2. DATE

OF

DEATH 10-20-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland NORTH BEND ROAD

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

HOODS NURSING HOME

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

WIDOWER

8. DATE OF BIRTH

1865

9. AGE (in years  
last birthday)

86

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

RETIRED FLOUR MILLER

10B. KIND OF BUSINESS OR  
INDUSTRY

FLOUR MILL

11. BIRTHPLACE (State or foreign country)

PENNA

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

UNKNOWN

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL  
? SECURITY NO.

17. INFORMANT

ADDRESS

ROBERT S WAGNER, CLAY BANK, VA

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) .....  
DUE TO

Arteriosclerotic Cardiovascular Disease 3 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) .....  
DUE TO  
(C) .....II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

none

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office hldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from 1-1, 1949, to 10-20, 1951, that I last saw the  
deceased alive on 10-18, 1951, and that death occurred at 10P m., from the causes and on the date stated above.

23A. SIGNATURE

George E. Buxton

M. D.

23B. ADDRESS

Elliot City

23C. DATE SIGNED

10-21-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

10-23-51

WILDWOOD

WILLIAMSPORT PA.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

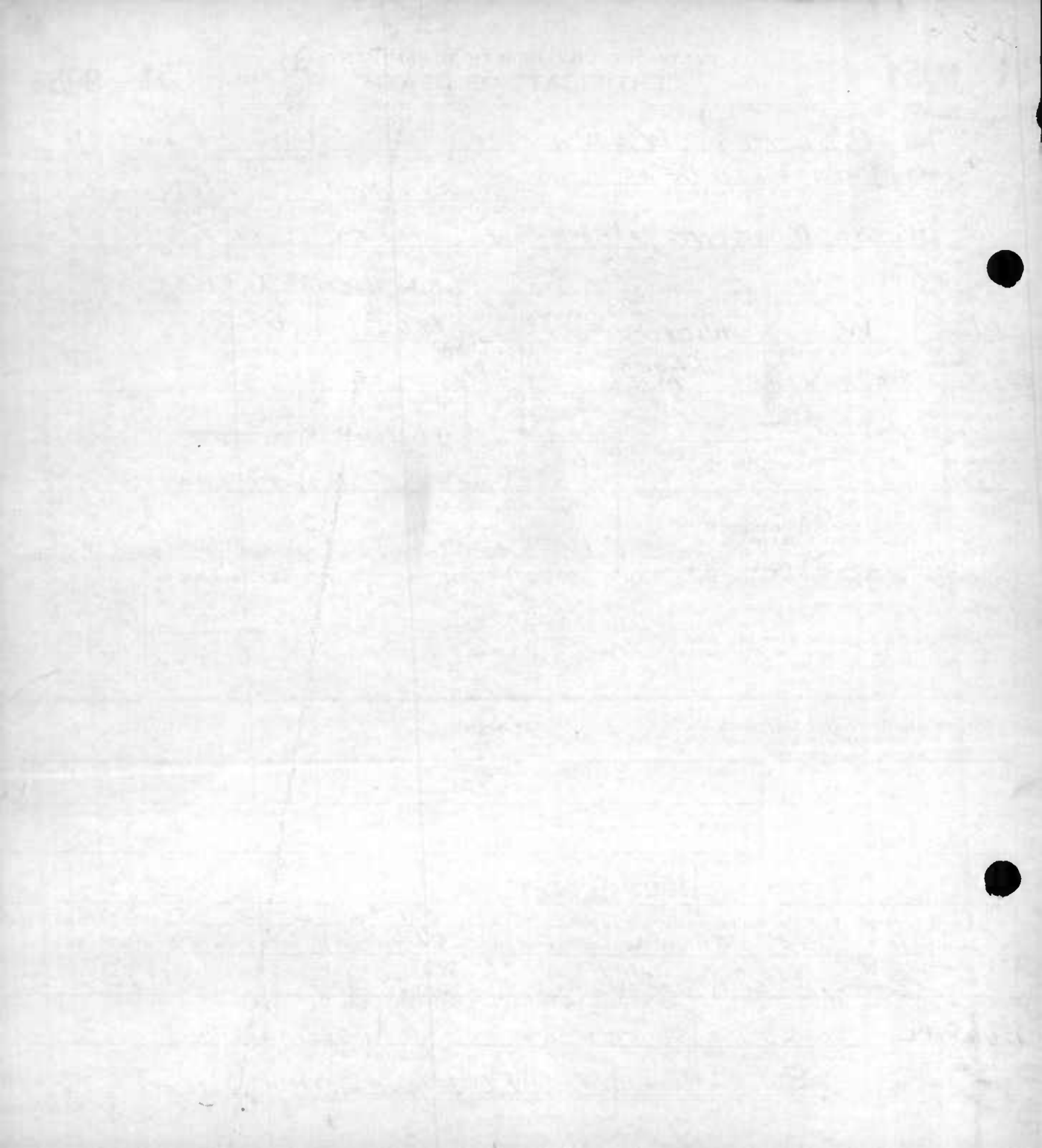
25. FUNERAL DIRECTOR

ADDRESS

OCT 22 1951

Williamston Williams, Md

FC. HIGINBOTHOM, ELLIOTT CITY



# CERTIFICATE CORRECTED 10-22-51

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No. 51 9055

BIRTH NO. 400 9055		1. NAME OF DECEASED (Type or Print) <b>Mary T. Kelly</b> <i>MARY T KELLY</i>		2. DATE OF DEATH <b>10/21/51</b>	
3. PLACE OF DEATH: a. Baltimore City, Maryland <b>BALT</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MARYLAND</b> b. COUNTY <b>27-16</b>			
b. FULL NAME OF HOSPITAL OR INSTITUTION <b>LUTHERAN Hosp of MD. INC.</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALT.</b>			
d. Length of stay in Baltimore <b>35 years</b>		d. STREET ADDRESS (If rural, give location) <b>3002 OAKFORD AVE</b>			
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>1892</b> <b>JUNE 14 1892</b>	9. AGE (In years last birthday) <b>60</b>	10. Under 1 Year Months: Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>		11. BIRTHPLACE (State or foreign country) <b>IRELAND</b>	
13. FATHER'S NAME <b>John McHugh</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, do or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT ADDRESS <b>Mr. Thomas J. Kelly, 3002 Oakford Ave.,</b>	

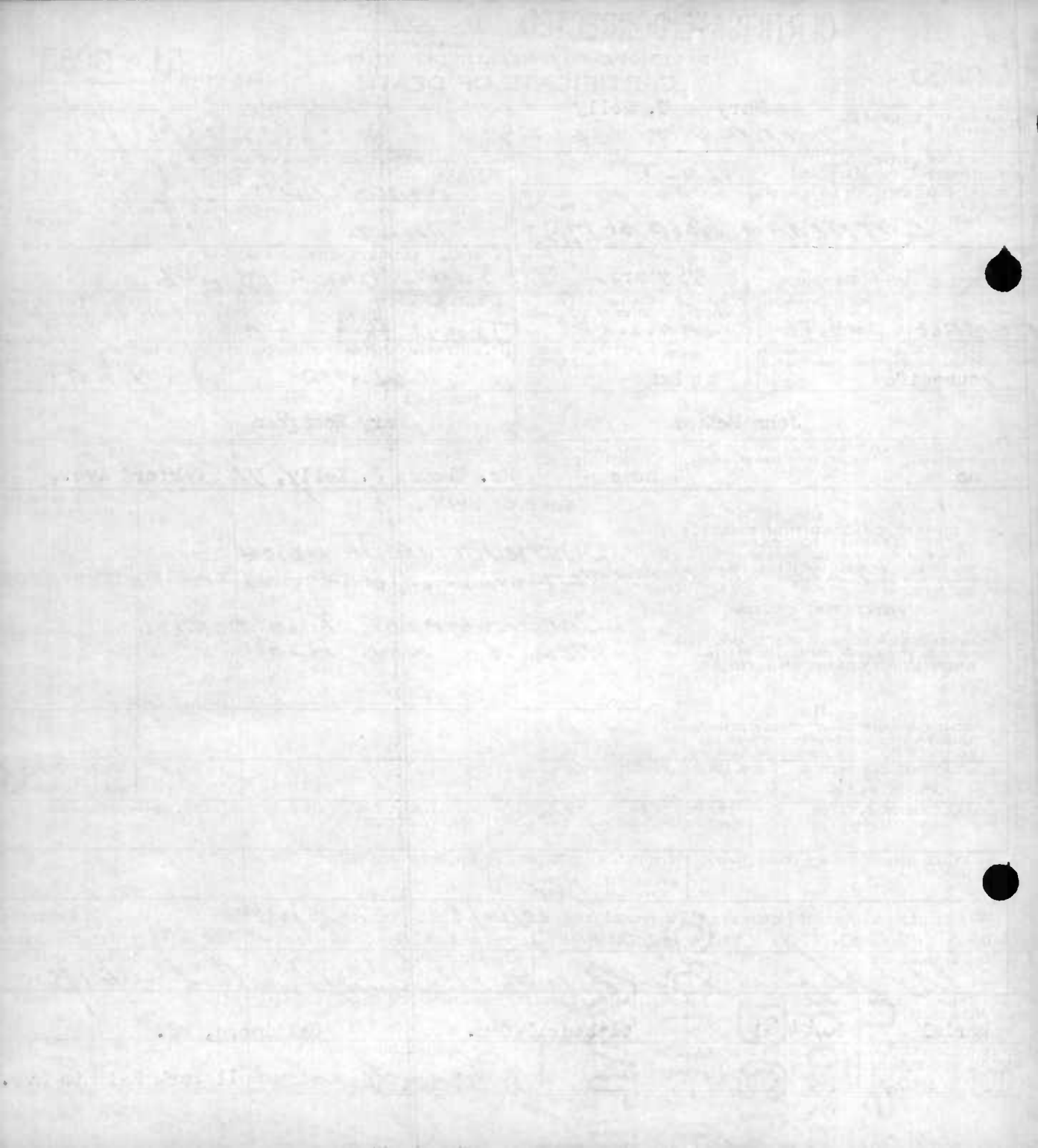
18. <b>170x</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>OBSTRUCTIVE JAUNDICE DUE TO METASTATIC CARCINOMA</b> DUE TO <b>CARCINOMA OF BREAST-BREAST</b> DUE TO <b>REMOVED NOV. 1950</b>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>NOV 6 0</b>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **10/17/51**, 19<sup>th</sup>, to **10/21/51**, 19<sup>th</sup>, that I last saw the deceased alive on **OCT. 21**, 19<sup>th</sup>, and that death occurred at **7:35 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE <b>William G. Lemmon</b>	23B. ADDRESS <b>747 Charing Cross Road</b>	23C. DATE SIGNED <b>10/21/51</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24B. DATE <b>10/24/51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Cathedral Cem.</b>
24D. LOCATION (City, town, or county) <b>Baltimore, Md.</b>		

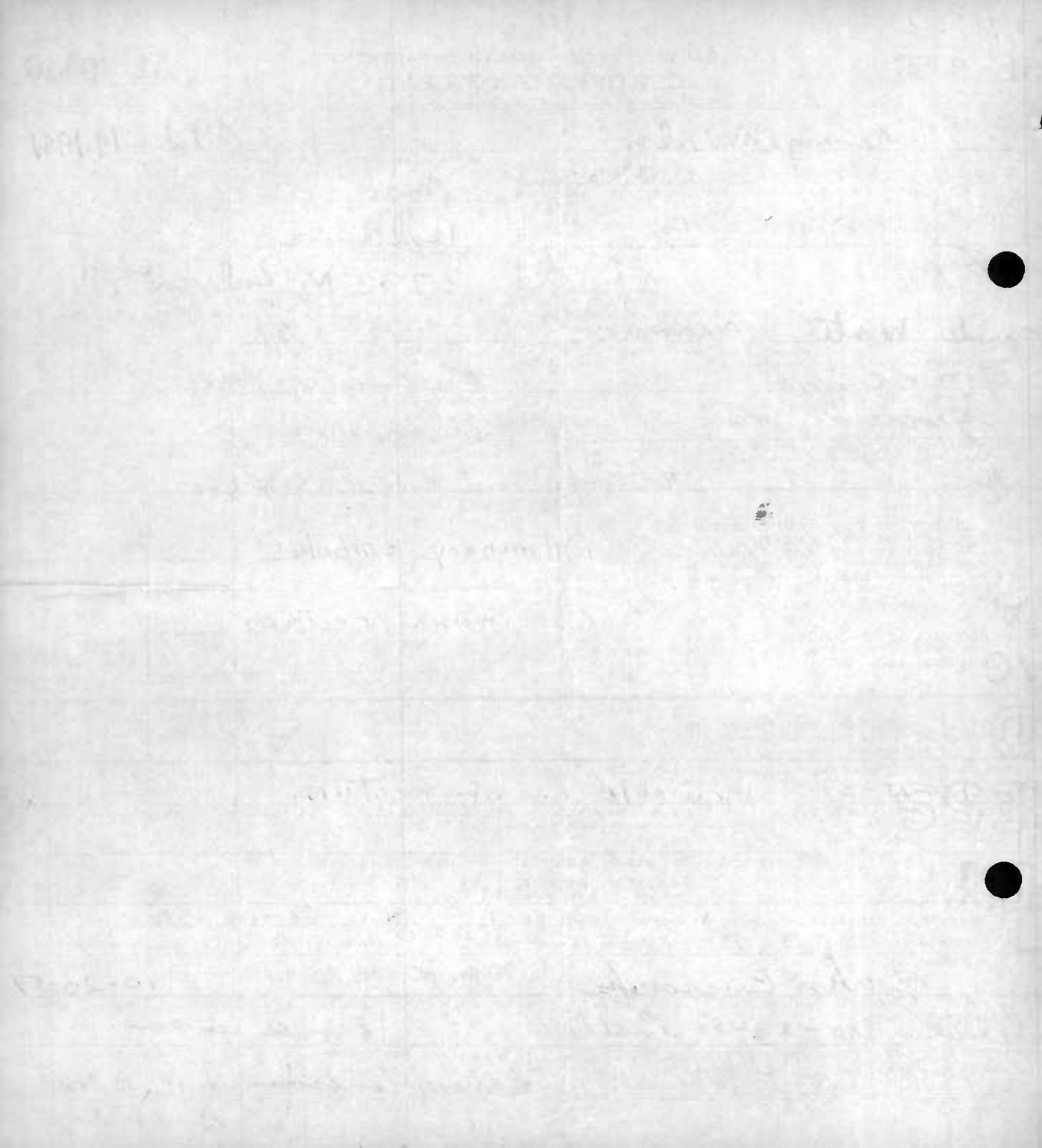
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 22 1951</b>	REGISTRAR'S SIGNATURE <b>William G. Lemmon</b>	25. FUNERAL DIRECTOR ADDRESS <b>B. Vernon Lemmon, 4611 Park Heights Ave.</b>
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420  
51 9056BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9056

1. NAME OF DECEASED (Type or Print) <i>George H. Walz</i>			2. DATE OF DEATH <i>October 19, 1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>JOHNS HOPKINS HOSPITAL</i>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>12-03</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
C. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>2733 N. Calvert St.</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>1-9-71</i>	9. AGE (In years last birthday) <i>80</i>	10. Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>B.F.O. RR Clerk</i>			11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>		
13. FATHER'S NAME <i>George H. Walz</i>			12. CITIZEN OF WHAT COUNTRY? <i>Unknown</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>			16. SOCIAL SECURITY NO. <i>RR Comp.</i>		
16. SOCIAL SECURITY NO. <i>RR Comp.</i>			17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Pulmonary embolus</i>			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Carcinoma rectum</i>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>10-15-51</i>			19B. MAJOR FINDINGS OF OPERATION <i>Incurable Ca of rectum</i>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>JOHNS HOPKINS HOSPITAL</i>		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21D. TIME (Month) (Day) (Year) (Hour) INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21F. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <i>10-9-51</i> , to <i>10-19-51</i> , that I last saw the deceased alive on <i>10-19-51</i> , and that death occurred at <i>905 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>John H. Burroughs</i>			23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		
23C. DATE SIGNED <i>10-20-51</i>					
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>			24B. DATE <i>10-23-51</i>		
24C. NAME OF CEMETERY OR CREMATORY <i>Balto</i>			24D. LOCATION (City, town, or county) (State) <i>E North Ave</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 22 1951</i>			REGISTRAR'S SIGNATURE <i>Edward J. Williams, M.D.</i>		
FUNERAL DIRECTOR <i>Edward J. Williams, M.D.</i>			ADDRESS <i>046 d Balto 50</i>		





325  
51 9057BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9057

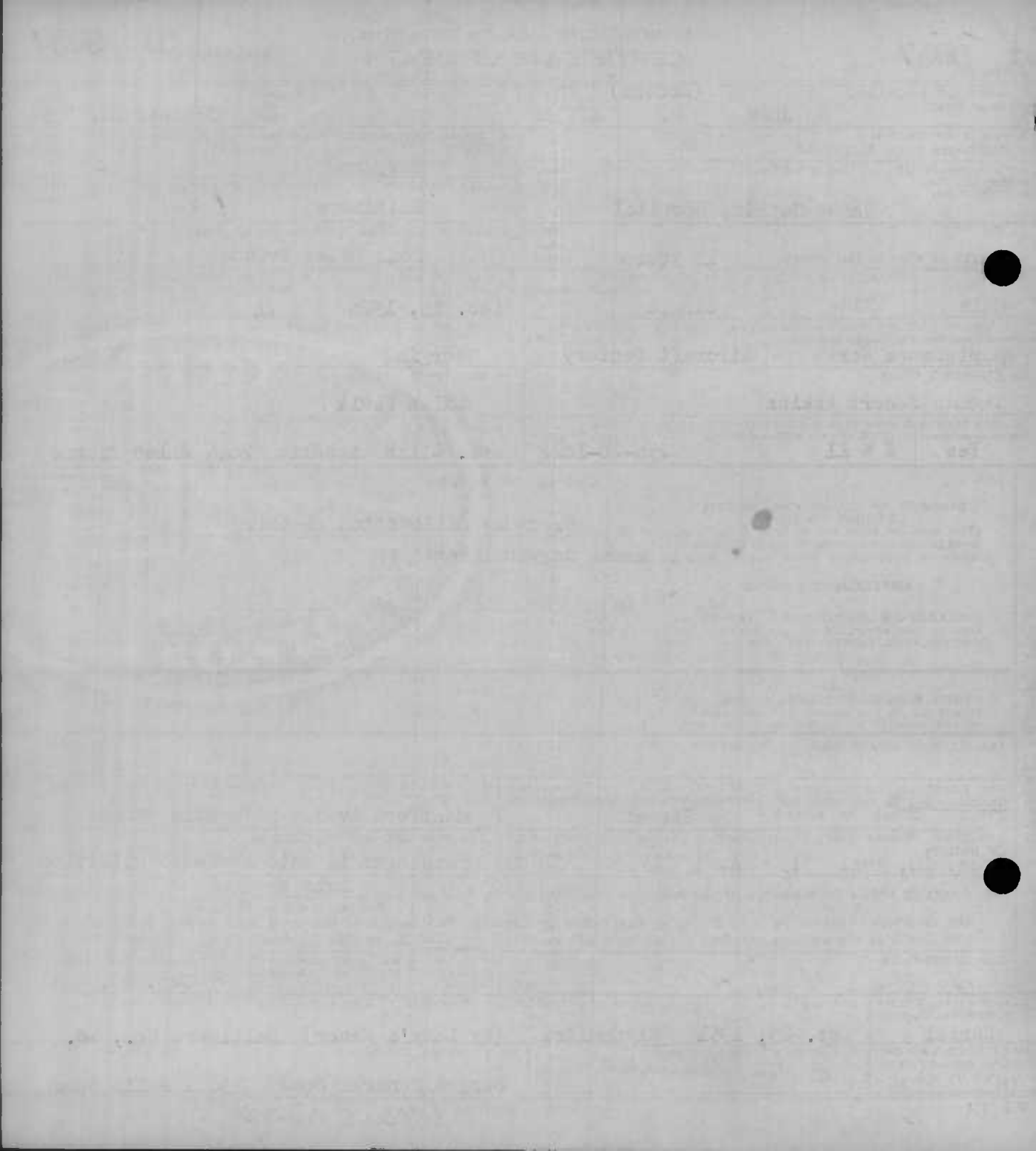
1. NAME OF DECEASED (Type or Print)		(Robert) JOHN R. ATKINS		2. DATE OF DEATH October 20, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 2644 Miles Avenue				E. LENGTH OF STAY IN BALTIMORE 11 years	
6. COLOR OR RACE Male White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Dec. 15, 1926	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Work		10B. KIND OF BUSINESS OR INDUSTRY Aircraft factory		9. AGE (In years last birthday) 24	
13. FATHER'S NAME Thomas Robert Atkins		16. SOCIAL SECURITY NO. 258-20-1622		11. BIRTHPLACE (State or foreign country) Georgia	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes		17. INFORMANT Mrs. Lilla Eicholtz		12. CITIZEN OF WHAT COUNTRY? U S A	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Fracture dislocation of third cervical vertebra		CAUSE OF DEATH Fracture dislocation of third cervical vertebra		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Montford Avenue & Fayette Street	
21D. TIME (Month) (Day) (Year) (Hour) Oct. 20, 1951 3:30 A.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Passenger in auto and auto collision	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William H. Burgee		23B. CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR		23C. DATE SIGNED Oct. 20, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Oct. 23, 1951		24C. NAME OF CEMETERY OR CREMATORY Clynmalira (My Lady's Manor)	
24D. LOCATION (City, town, or county) Baltimore Co., Md.		24E. FUNERAL DIRECTOR Burgee Funeral Home		24F. ADDRESS 3631 Falls Road	

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554 3T

Horace F. Burgee 170.C ✓



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **51 9058**

**426**  
**51 9058**  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Arthur J. Gallagher</b>			2. DATE OF DEATH <b>Oct 20, 1951</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Balto</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MD</b> B. COUNTY <b>BALTO.</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Baltimore City Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Balto - Md</b>		
D. STREET ADDRESS (If rural, give location) <b>7020 Dunbar Road -</b>			E. LENGTH OF STAY IN BALTIMORE <b>Life</b>		
5. SEX <b>M.</b>	6. COLOR OR RACE <b>M.</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>10-2-16-24</b>	9. AGE (In years last birthday) <b>21</b>	10. UNDER 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>S.C. Trainee</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Bell Dectating System</b>	11. BIRTHPLACE (State or foreign country) <b>Baltimore - Md</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>Anthony J. Gallagher</b>			14. MOTHER'S MAIDEN NAME <b>Viola Bradley</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>W.W.#2 2-17-47-9-1-51</b>			16. SOCIAL SECURITY NO. <b>VIOLA BROWN-MOTON - same address</b>		

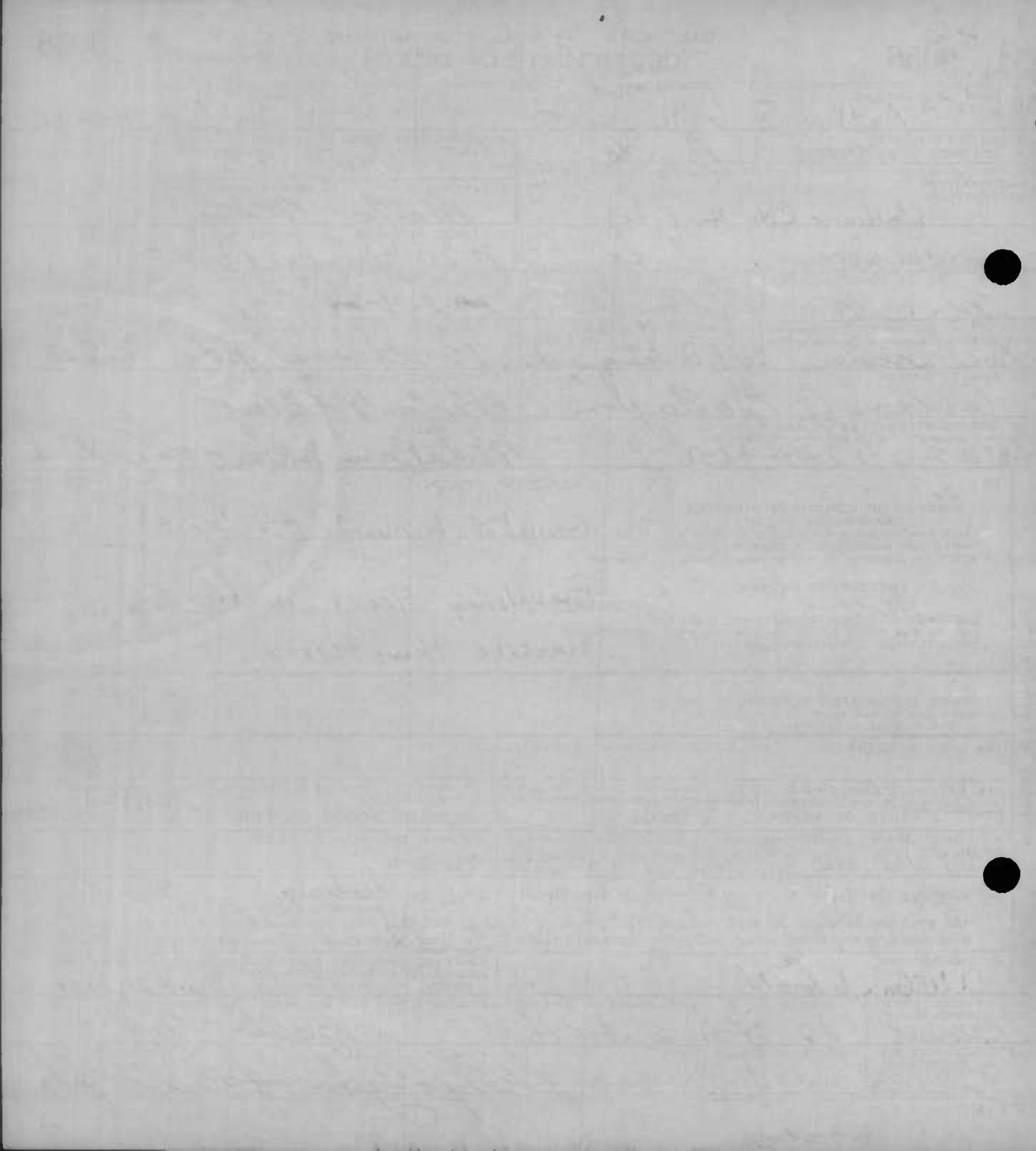
18. <b>E 919.8</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Gunshot Wound of Chest</b>		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>10-24-51</b>		19B. MAJOR FINDINGS OF OPERATION <b>Woods</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Woods</b>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>Bayview Woods in rear of Baltimore City Hospital</b>		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>10/20/51 4:15 P.m.</b>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <b>Firearms</b>		
22. I certify that I took charge of the remains described above, held an <b>Autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE <b>William V. ...</b>	23B. CHIEF MEDICAL EXAMINER M.D. <b>Det 21, 1951</b>	23C. DATE SIGNED <b>Det 21, 1951</b>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>10-24-51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Cedar Hill</b>	24D. LOCATION (City, town, or county) (State) <b>Balto - Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 22 1951</b>	REGISTRAR'S SIGNATURE <b>William V. ...</b>	25. FUNERAL DIRECTOR <b>Kelly &amp; Zeln - 403 S. ...</b>		

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**6153K**

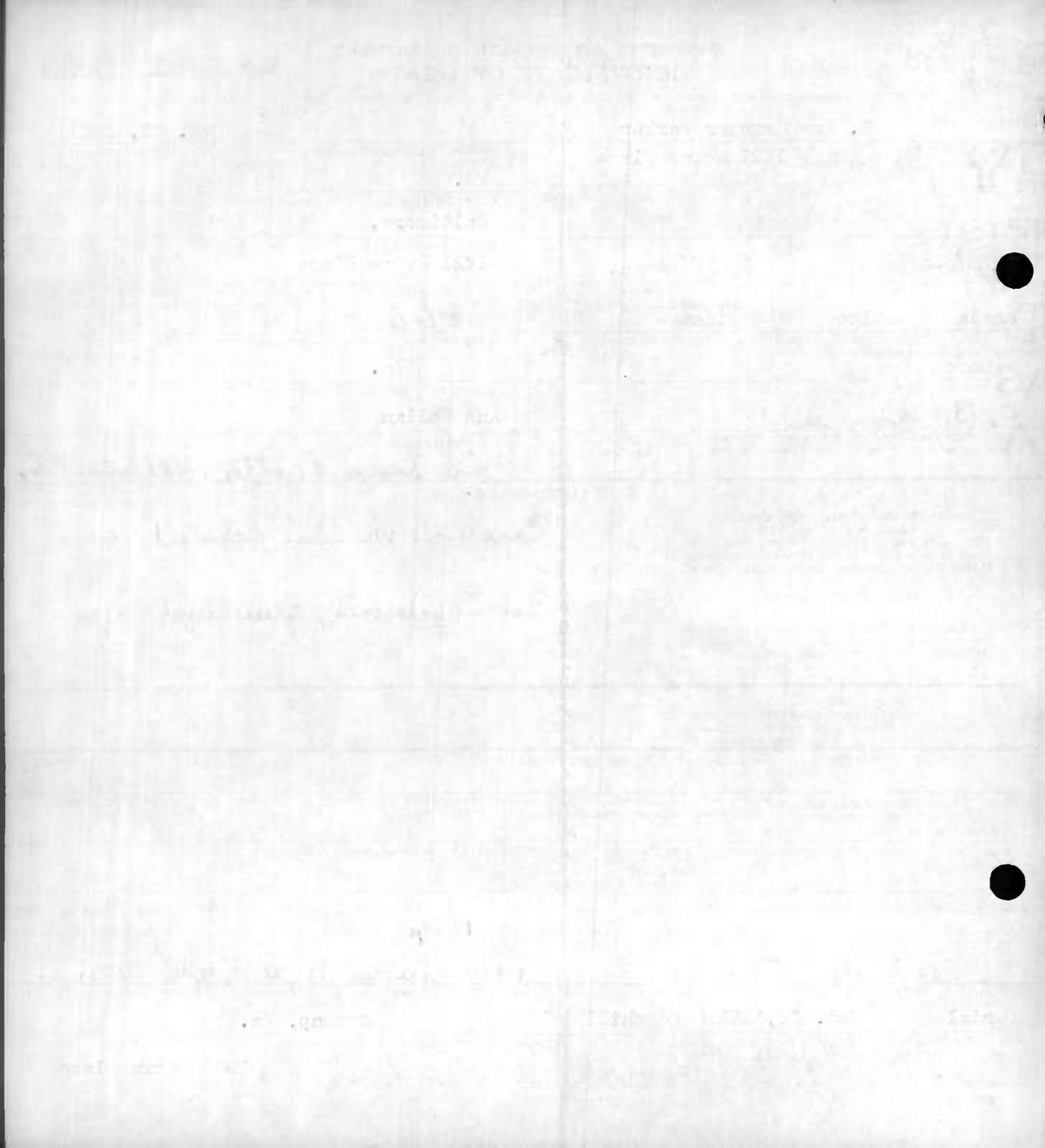
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626  
51 9059BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9059

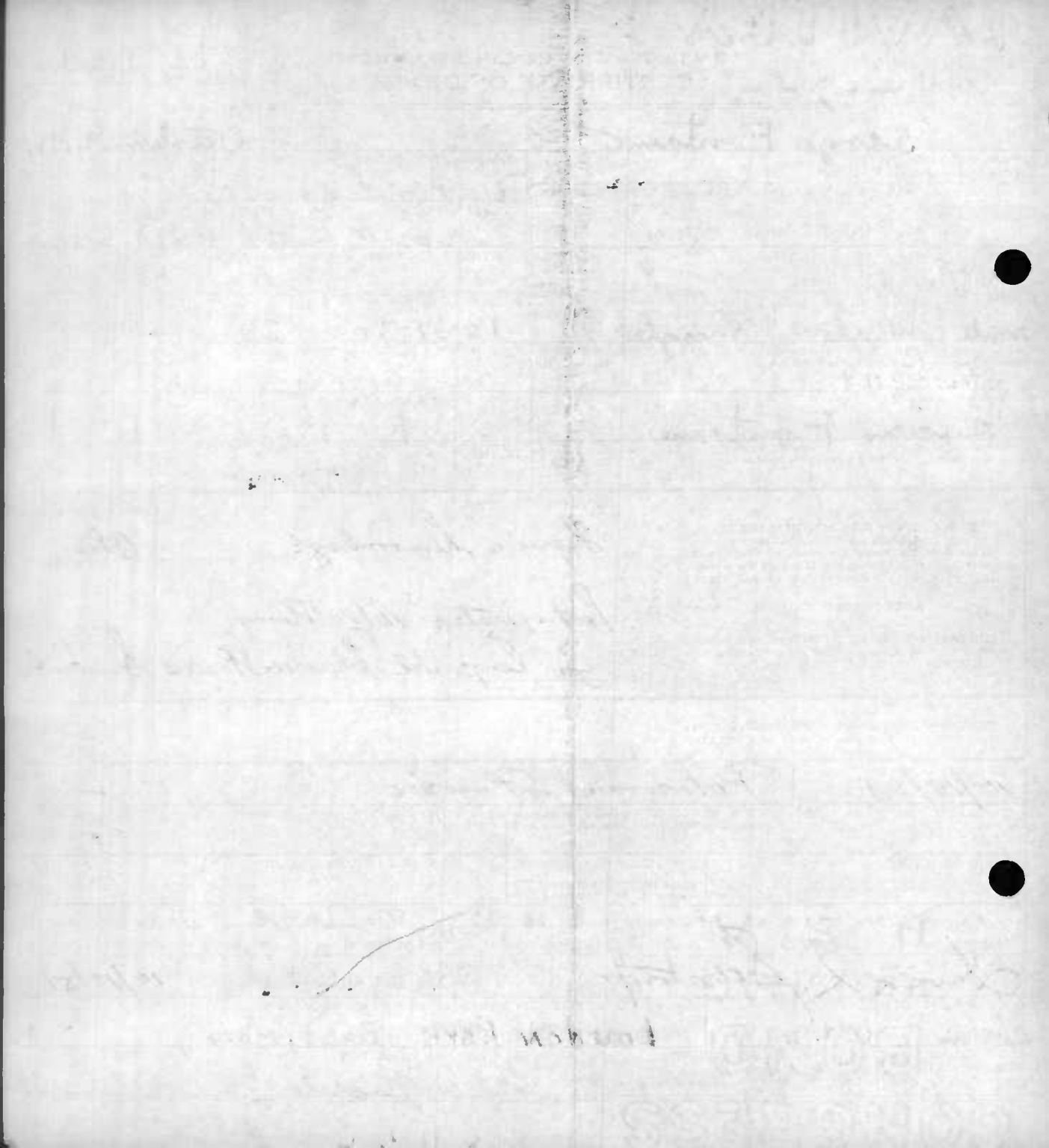
1. NAME OF DECEASED (Type or Print) <b>E. Lee Swanger Parker</b>		2. DATE OF DEATH <b>Oct. 22, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>1421 Eutaw Place</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore,</b>	
D. STREET ADDRESS (If rural, give location) <b>1421 Eutaw Place</b>		14-01	
Length of stay in Baltimore <b>2 1/2 yrs.</b>		Yrs. Mos. Days	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>widow</b>	8. DATE OF BIRTH <b>1866</b>
9. AGE (in years last birthday) <b>85</b>		10. UNDER 1 Year Months: Days 11. UNDER 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>Va.</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>E. B. Swanger</b>		14. MOTHER'S MAIDEN NAME <b>Ann Kellam</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Miss Laura Satter</b>		ADDRESS <b>1421 Eutaw Pl.</b>	
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cerebral vascular accident</b>		CAUSE OF DEATH <b>Cerebral vascular accident</b>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Arteriosclerosis, generalized</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 mos</b>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>12:30 p.m.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>Witchell</b>		23B. ADDRESS <b>1418 Eutaw Pl. Balt Md</b>	
23C. DATE SIGNED <b>Oct 22, 51</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Oct. 24, 1951</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Edgehill</b>		24D. LOCATION (City, town, or county) (State) <b>Accomac, Va.</b>	
25. FUNERAL DIRECTOR <b>John O. Mitchell</b>		ADDRESS <b>1900 Eutaw Place</b>	



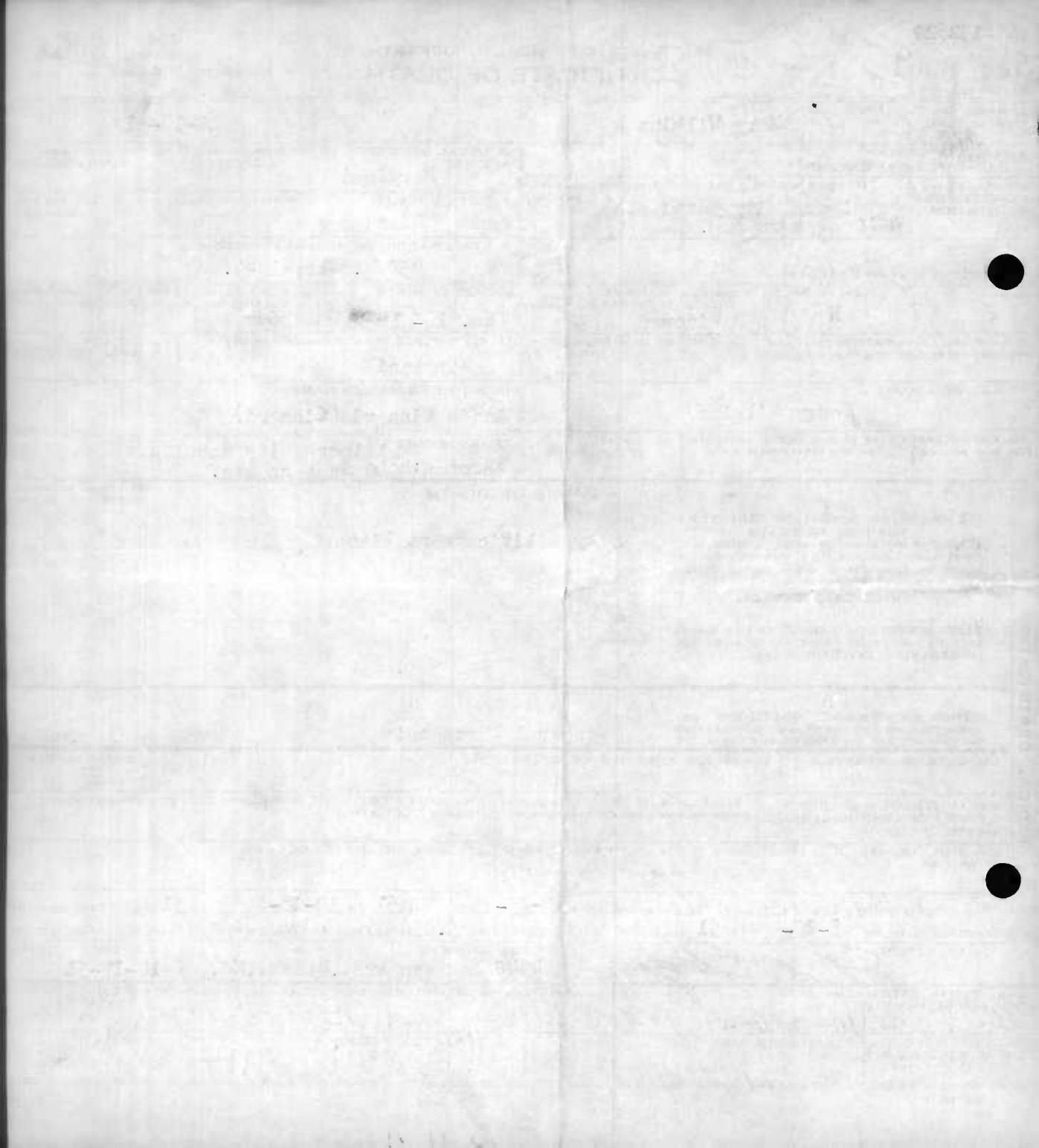
535  
1 9060BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9060  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>Serge Fontaine</b>		2. DATE OF DEATH <b>October 19, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>JOHNS HOPKINS HOSPITAL</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>New Caledonia</b> B. COUNTY <b>Monte Ceffin, Noumea</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>JOHNS HOPKINS HOSPITAL</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Monte Ceffin, Noumea</b>	
c. Length of stay in Baltimore <b>8</b> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>7-05</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>12-31-30</b>
9. AGE (In years last birthday) <b>20</b>		10. CITIZEN OF WHAT COUNTRY? <b>NEW CALEDONIA</b>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>		11. BIRTHPLACE (State or foreign country) <b>NEW CALEDONIA</b>	
12. CITIZEN OF WHAT COUNTRY? <b>-</b>		13. FATHER'S NAME <b>Lucien Fontaine</b>	
14. MOTHER'S MAIDEN NAME <b>LAURE MALAVAL</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <b>JOHNS HOPKINS HOSPITAL</b>	
18. <b>754.4 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Thoracic hemorrhage</b> DUE TO <b>Post-operative valvulotomy</b> DUE TO <b>for longsmal Pulmonic Stenosis since birth</b> DUE TO <b>for longsmal Pulmonic Stenosis since birth</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 hrs.</b>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>10/19/51</b>		19B. MAJOR FINDINGS OF OPERATION <b>Pulmonic Stenosis</b>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <b>10-15</b> , 19 <b>51</b> , to <b>10-19</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>10-19</b> , 19 <b>51</b> , and that death occurred at <b>7:30 P.m.</b> , from the causes and on the date stated above.	
23A. SIGNATURE <b>David L. Schuster</b>		23B. ADDRESS <b>JOHNS HOPKINS HOSPITAL</b>	
23C. DATE SIGNED <b>10/19/51</b>		24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	
24B. DATE <b>Oct. 22, 1951</b>		24C. NAME OF CEMETERY OR CREMATORY <b>LEWIS PARK</b>	
24D. LOCATION (City, town, or county) <b>BALTIMORE</b>		24E. STATE <b>MD.</b>	
25. FUNERAL DIRECTOR <b>John O. Mitchell &amp; Sons</b>		26. ADDRESS <b>1900 Eutaw Pl.</b>	









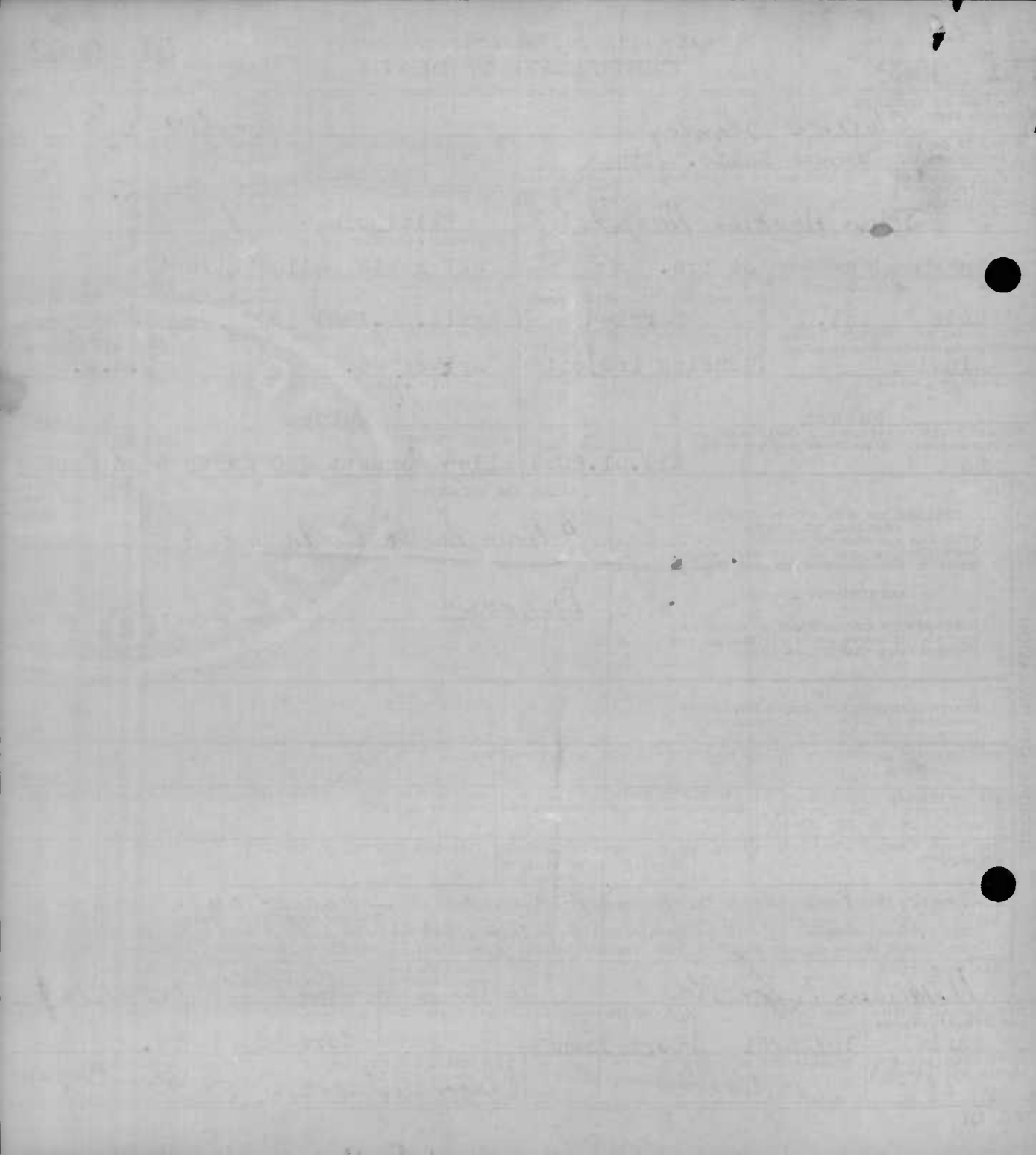
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9062

1. NAME OF DECEASED (Type or Print) <u>Clarence Stanley</u>		2. DATE OF DEATH <u>Oct 20, '51</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Balto. City</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Johns Hopkins Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>7-05</u>	
D. STREET ADDRESS (If rural, give location) <u>527 North Dallas Street</u>		E. LENGTH OF stay in Baltimore <u>34 Yrs.</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Col.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 24, 1881</u>
9. AGE (In years last birthday) <u>70</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Enginer</u>	10B. KIND OF BUSINESS OR INDUSTRY <u>Housing Project</u>	11. BIRTHPLACE (State or foreign country) <u>Ariyes Md.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	13. FATHER'S NAME <u>Unknown</u>	14. MOTHER'S MAIDEN NAME <u>Unknown</u>	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>
16. SOCIAL SECURITY NO. <u>219.01.5094</u>	17. INFORMANT <u>Ellen Bennett</u>	ADDRESS <u>920 North Eden Street</u>	

18. <u>422.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Arteriosclerotic Cardiovascular Disease</u> CAUSE OF DEATH (A) <u>Arteriosclerotic Cardiovascular Disease</u> DUE TO (B) <u>Disease</u> DUE TO (C) <u></u>	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an <u>Inspection</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
23A. SIGNATURE <u>William Upchurch</u>	23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>	23C. DATE SIGNED <u>10/21, 1951</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>10/25/51</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Cord Town</u>
24D. LOCATION (City, town, or county) <u>Cord Town Md.</u>	25. FUNERAL DIRECTOR <u>Chas Wilson</u>	ADDRESS <u>1000 Bunting ave</u>

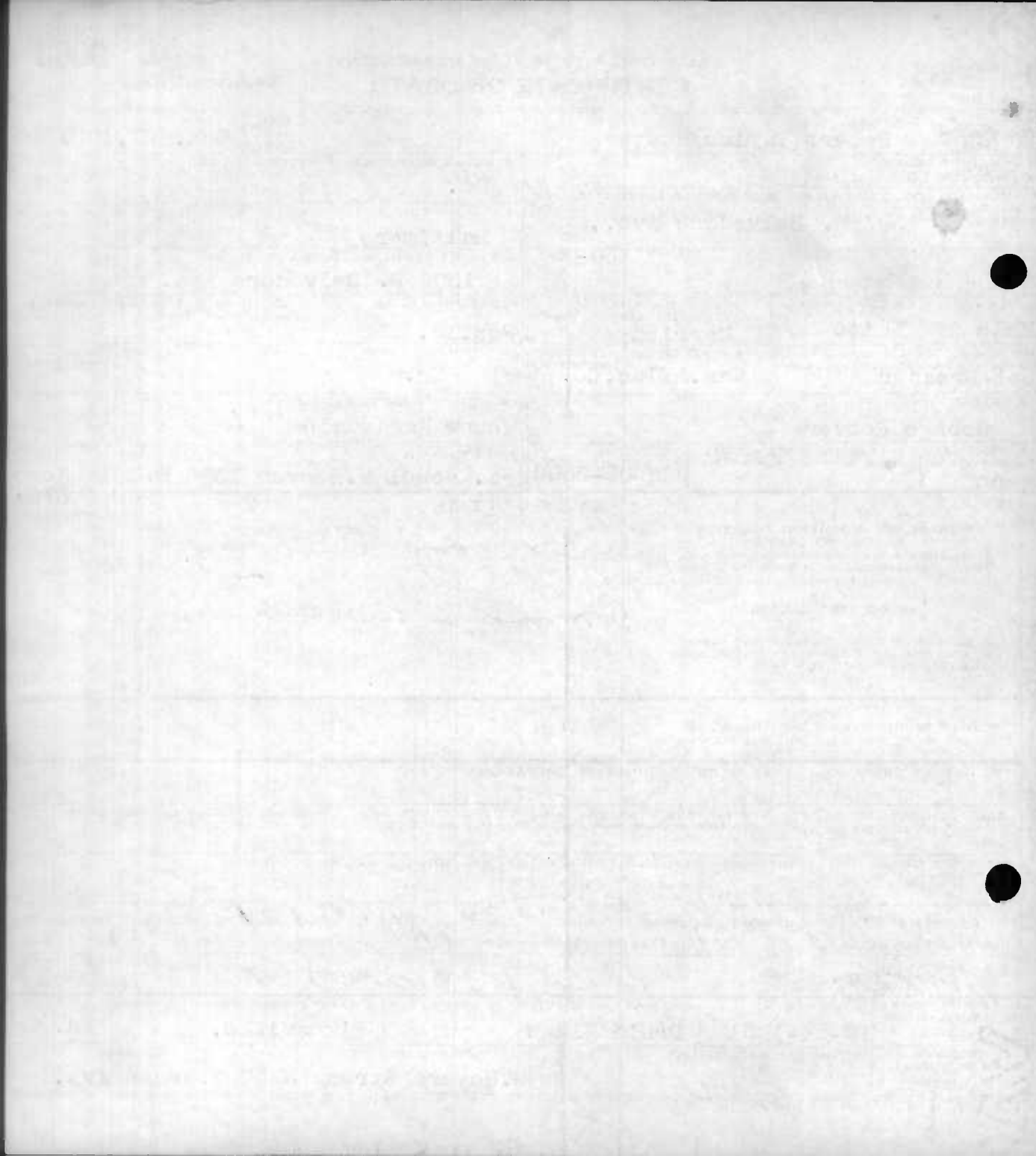


160  
1 9063BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9063

Registered No. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) Robert Taylor Hoover		2. DATE OF DEATH Oct. 21, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution - residence before admission) A. STATE Md. B. COUNTY _____	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1306 W. Belvedere Ave.,		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. Length of stay in Baltimore 30 - Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1306 W. Belvedere Ave.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 16, 1890
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cool Dresser		10B. KIND OF BUSINESS OR INDUSTRY Gas. & Elec. Co.	9. AGE (In years last birthday) 61
11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME George Hoover		14. MOTHER'S MAIDEN NAME Anna Ragisdale	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If Yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 212-05-3008	
17. INFORMANT Mrs. Rachel M. Hoover		ADDRESS 1306 W. Belvedere Ave.	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Coronary Sclerosis DUE TO (B) Coronary Arterio Sclerosis DUE TO (C) _____ INTERVAL BETWEEN ONSET AND DEATH 830	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH _____		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	
21C. WHERE DID INJURY OCCUR? _____ (If in Baltimore City, give exact location)		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21D. TIME (Month) (Day) (Year) (Hour) INJURY _____		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> m. WORK AT WORK	
21F. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from Oct 20, 1951, to Oct 21, 1951, that I last saw the deceased alive on Oct 21, 1951, and that death occurred at 7 A. M., from the causes and on the date stated above.	
23A. SIGNATURE W. H. Strong		23B. ADDRESS 3033 W. North Ave. M. D.	
23C. DATE SIGNED 10/22/51		24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE 10-24-1951		24C. NAME OF CEMETERY OR CREMATORY Druid Ridge	
24D. LOCATION (City, town, or county) Pikesville, Md.		25. FUNERAL DIRECTOR G. Howard Strong 3207 W. North Ave.	
DATE RECEIVED BY LOCAL REGISTRAR OCT 22 1951		REGISTRAR'S SIGNATURE G. Howard Strong	





622  
51 9064BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9064  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>GEORGE H. FERGUSON</b>		2. DATE OF DEATH <b>10-21-51</b>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY <b>BALTIMORE</b>	
b. FULL NAME OF HOSPITAL OR INSTITUTION <b>4226 LUCH RAVEN BLVD.</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE</b>	
d. Length of stay in Baltimore <b>ALL HIS LIFE</b>		d. STREET ADDRESS (If rural, give location) <b>4230 LUCH RAVEN BLVD.</b>	
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>10-24-1883</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOTEL CLERK</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOTEL</b>	9. AGE (In years last birthday) <b>67</b>
13. FATHER'S NAME <b>WILFRED FERGUSON</b>		11. BIRTHPLACE (State or foreign country) <b>BALTIMORE, MD.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>NO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
16. SOCIAL SECURITY NO. <b>212-10-4512</b>		14. MOTHER'S MAIDEN NAME <b>KATHERINE H. HONG</b>	
17. INFORMANT <b>WILLIAM E. FERGUSON (SON)</b>		ADDRESS	
18. <b>526X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CAUSE OF DEATH</b> (A) <b>CHRONIC BRONCHIECTASIS</b> DUE TO (B) <b>EMPHYSEMA CONTRACTING PLEURITIS</b> DUE TO (C) <b>PNEUMONIA</b> INTERVAL BETWEEN ONSET AND DEATH <b>24 YRS +</b>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>MYOCARDIAL INSUFFICIENCY</b>			
19a. DATE OF OPERATION <b>0</b>		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21d. TIME (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>JAN.</b> , 19 <b>48</b> to <b>OCT. 21</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>10-20</b> , 19 <b>51</b> , and that death occurred at <b>12:05 AM</b> from the causes and on the date stated above.			
23a. SIGNATURE <b>Arthur K. Gorman</b>		23b. ADDRESS <b>4230 LUCH RAVEN BLVD.</b>	
23c. DATE SIGNED <b>10-21-51</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>10/22/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>London Park</b>	
24d. LOCATION (City, town, or county) <b>Baltimore</b>		25. FEDERAL DIRECTOR <b>Ellice H. Gorman</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 22 1951</b>		REGISTRAR'S SIGNATURE <b>Ellice H. Gorman</b>	
25. ADDRESS <b>5118 Keyway</b>		3908B	

ERN-01-515.

MA

VALUE

SOME

SECOND

LOC 2.00

410

51 9065

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9065

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

HANNAH MYRTLE WOLF

2. DATE  
OF  
DEATH

OCT. 18 - 51

3. PLACE OF DEATH:

A. Baltimore City, Maryland SMITH AND KELLY AVE

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

ST. JOHNS CHURCH. MT. WASHINGTON

C. Length of stay in Baltimore

LIFE

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

AT HOME

10B. KIND OF BUSINESS OR  
INDUSTRY

13. FATHER'S NAME

CHARLES HENRY

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

8. DATE OF BIRTH

AUG 16 1882

9. AGE (In years  
last birthday)

69

11 Under 1 Year  
Months; Days11 Under 24 Hours  
Hours; Min.

11. BIRTHPLACE (State or foreign country)

BALTIMORE MARYLAND

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

PUMPHREY

17. INFORMANT

ADDRESS

GASPER SHUNK WOLF

18. 420.1

CAUSE OF DEATH 5100 BELLEVILLE

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Coronary Occlusion

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Hypertensive cardiovascular disease 10 years

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949, to October, 1951, that I last saw the deceased alive on Oct. 4, 1951, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 22 1951

Huntington Williams, M.D.

Ellsworth Amos, 518 Gwynn Oak Ave

3400 Woodbine

VALLEY

COLUMBIAN

BOND

322  
51 9066BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9066  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>FRIEDA KATZES</b>		2. DATE OF DEATH <b>October 22, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>1202 Eutaw Place</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>1202 Eutaw Place</b>		E. LENGTH OF STAY IN BALTIMORE Yrs. <b>0</b> Mos. <b>0</b> Days <b>0</b>	
5. SEX <b>X</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Dec 7 - 1914</b>
9. AGE (In years last birthday) <b>36</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) <b>Balto Maryland</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>William Katzef</b>	
14. MOTHER'S MAIDEN NAME <b>Anna Jawada</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>NO</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT <b>Anna Katzef</b>	
ADDRESS <b>Annapolis Md</b>			

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>E970.7</b> <b>Barbiturate Intoxication</b>		INTERVAL BETWEEN ONSET AND DEATH
CAUSE OF DEATH (A) <b>Barbiturate Intoxication</b> DUE TO		
ANTECEDENT CAUSES (B) <b>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</b> DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>10/22/51</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. <b>Home</b>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>1202 Eutaw Place</b>
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>10/22/51 9:00 A.</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>Ingestion of barbiturate</b>
22. I certify that I took charge of the remains described above, held an <b>inspection &amp; inquiry</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE <b>William V. Lovett</b>		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <b>10/22/51</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Oct 23/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Kenneseth Israel Annapolis Maryland</b>
24D. LOCATION (City, town, or county) (State) <b>Annapolis Maryland</b>		25. FUNERAL DIRECTOR <b>B L Happony &amp; Son</b>		ADDRESS <b>Annapolis Md</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 22 1951</b>		REGISTRAR'S SIGNATURE <b>William V. Lovett</b>		



642  
1 9067

BALTIMORE CITY HEALTH DEPARTMENT

51 9067

CERTIFICATE OF DEATH

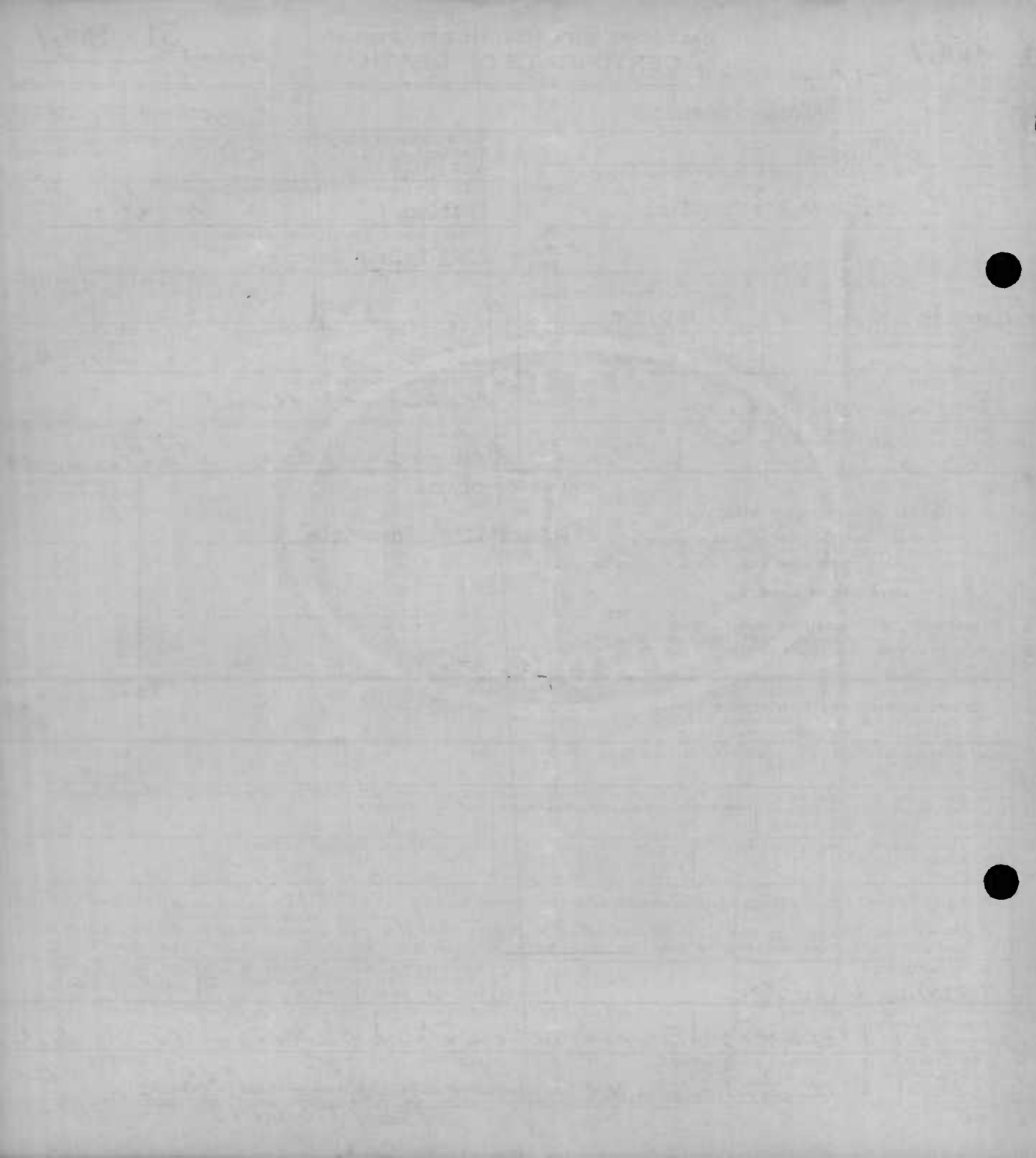
Registered No.

1. NAME OF DECEASED (Type or Print) <b>BRENDA BURLESON</b>		2. DATE OF DEATH <b>October 22, 1951</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>St. Joseph's Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>4223 Belmar Avenue</b>			
5. LENGTH OF STAY IN BALTIMORE <b>1 Mos. 1 Day</b>		8. DATE OF BIRTH <b>Aug 7<sup>th</sup> 1937</b>	
6. COLOR OR RACE <b>White</b>		9. AGE (in years last birthday) <b>14</b>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		10. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		11. BIRTHPLACE (State or foreign country) <b>N.C.</b>	
10B. KIND OF BUSINESS OR INDUSTRY <b>infant</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Brown Burleson</b>		14. MOTHER'S MAIDEN NAME <b>Maryaret Rantlin</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT <b>Brown Burleson</b>		ADDRESS <b>4223 Belmar Ave</b>	

MEDICAL CERTIFICATION

18. <b>492X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Interstitial Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an <u>Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .		
23A. SIGNATURE <i>William W. Wood</i>	23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED <b>10/22/51</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>10/24/51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Burleson Cemetery</b>
24D. LOCATION (City, town, or county) <b>Battersville</b>	(State) <b>N.C.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 22 1951</b>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Larrah Funeral Home</i> <b>108.0 Baltimore Md.</b>





550 51 9068 BIRTH NO. 47734		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		51 9068 Registered No.	
1. NAME OF DECEASED (Type or Print) <b>William Horne Dammann JR</b>			2. DATE OF DEATH <b>10-21-51</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) B. COUNTY <b>Baltimore</b>		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>UNION MEMORIAL HOSPITAL</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore #18</b>		
Length of stay in Baltimore <b>5</b> Yrs. <b>5</b> Mos. <b>5</b> Days			D. STREET ADDRESS (If rural, give location) <b>1613 Kingsway 27-09</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>S</b>	8. DATE OF BIRTH <b>May 9, 1946</b>	9. AGE (In years last birthday) <b>5 yrs.</b>	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Child</b>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
13. FATHER'S NAME <b>William H. Dammann, Sr.</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			14. MOTHER'S MAIDEN NAME <b>Dorothy E. Thuman</b>		
16. SOCIAL SECURITY NO.			17. INFORMANT <b>Parents</b>		
			ADDRESS <b>same</b>		
18. <b>500 X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CAUSE OF DEATH</b> (A) <b>Respiratory failure</b> DUE TO (B) <b>Septicemia</b> DUE TO (C) <b>Acute laryngotracheobronchitis</b> INTERVAL BETWEEN ONSET AND DEATH					
II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>10-19</b> , 19 <b>51</b> , to <b>10-21</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>10-21</b> , 19 <b>51</b> , and that death occurred at <b>5:40 P.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>George S. Watson</b>		23B. ADDRESS <b>Union Memorial Hospital</b>		23C. DATE SIGNED <b>10-21-51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10/24/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Holy Redeemer</b>	
24D. LOCATION (City, town, or county) (State) <b>Baltimore</b>		24E. NAME OF CEMETERY OR CREMATORY <b>Holy Redeemer</b>		24F. LOCATION (City, town, or county) (State) <b>Baltimore</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 22 1951</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, Jr.</b>		25. FUNERAL DIRECTOR <b>Leonard Blush 5305 11th Ave</b>	



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 9069  
Registered No. \_\_\_\_\_

BIRTH NO. _____		1. NAME OF DECEASED (Type or Print) <b>Joseph G. Frederick</b>		2. DATE OF DEATH <b>OCT 20, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>217 W Monument St</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION _____		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>27-48</b>			
Length of stay in Baltimore _____ Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>512 Hollen Rd.</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>8/25, 1894</b>	9. AGE (In years last birthday) <b>57</b>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesmanager</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Can</b>		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
13. FATHER'S NAME <b>John Frederick</b>		(M)		14. MOTHER'S MAIDEN NAME <b>Emma Gocking</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT <b>Levittown</b> <b>Chas. Fleury-193 Orchid Rd. N.Y.</b>	

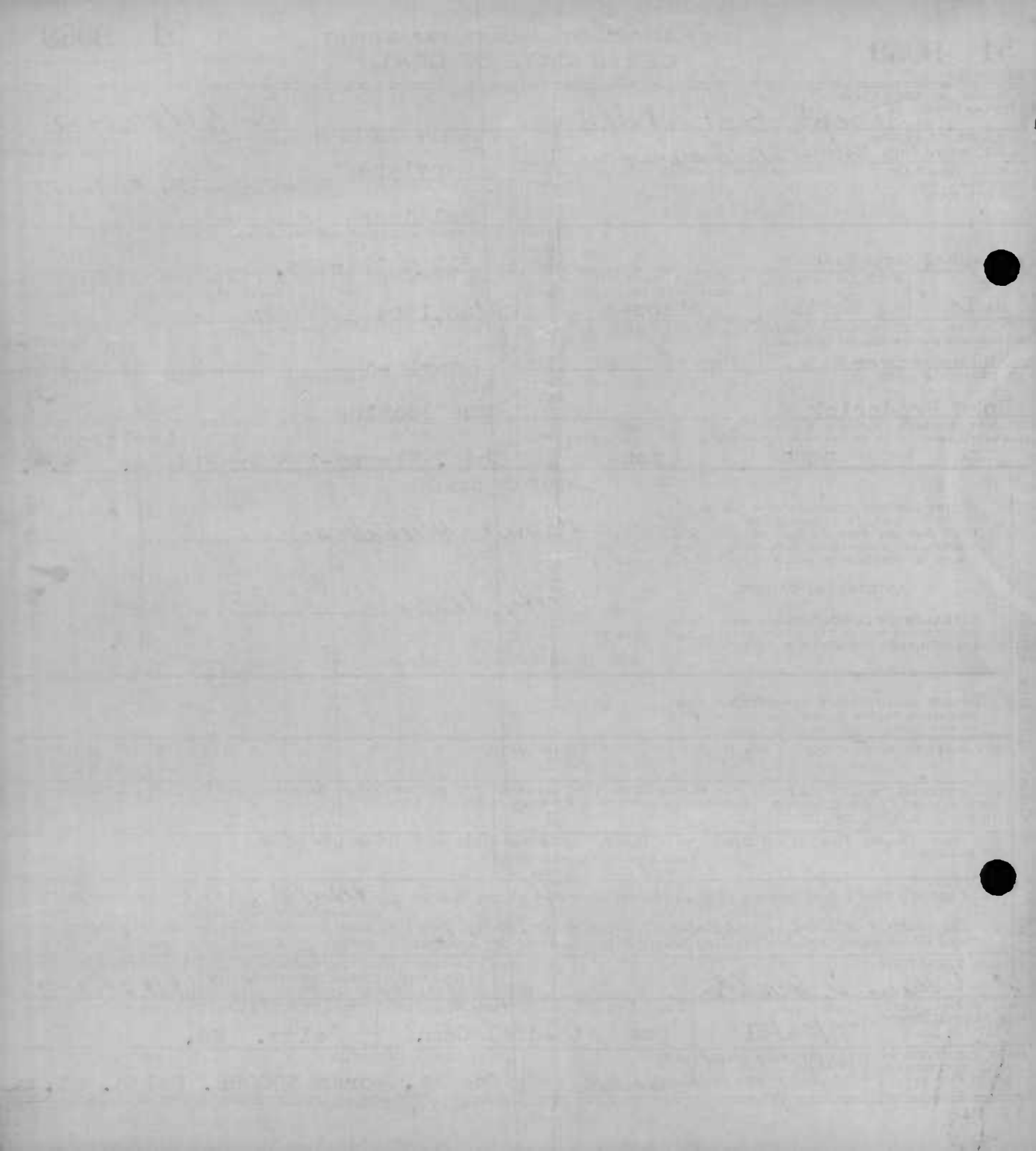
18. <b>581.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Chronic Alcoholism</b> DUE TO _____		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Fatty Liver</b> DUE TO _____		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION _____		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <b>William V. [Signature]</b>		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED <b>OCT 21, 1951</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10/24/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>New Cathedral Cem.</b>	
				24D. LOCATION (City, town, or county) (State) <b>Balto. Md.</b>	

DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 22 1951</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR <b>John A. Moran 3000bE. Balto. St.</b>	
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51 9070

51 9070

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

Sister Mary of St. Dominic (Mary Agnes Gribbin)

2. DATE  
OF  
DEATH

Oct. 23, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

301 CALVERTON ROAD

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

301<sup>N</sup> CALVERTON ROAD

C. Length of stay in Baltimore

4 yrs

5. SEX

FEMALE

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

July 9, 1870

9. AGE (In years  
last birthday)

81

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Caring for Delinquent Girls

10B. KIND OF BUSINESS OR  
INDUSTRY

Church

11. BIRTHPLACE (State or foreign country)

IRELAND

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

JAMES JOSEPH Gribbin

14. MOTHER'S MAIDEN NAME

ALICE FOX

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

No

(If yes, give war or dates of service)

NONE

16. SOCIAL  
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

SR. Mary of PERPETUAL HELP 301 N. CALVERTON RD.

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asphyxia, etc. It means the disease,  
injury or complication which caused death.)(A) Congestive Heart Failure  
DUE TO Arteriosclerotic Cardiovascular  
Disease. Auricular fibrillation

3 days.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Senility  
(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK22. I hereby certify that I attended the deceased from May, 1946, to 21 Oct., 1951, that I last saw the  
deceased alive on 21 Oct., 1951, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph E. Muse Jr. M. D.

23B. ADDRESS

5 West 29th St. (18)

23C. DATE SIGNED

22 Oct 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

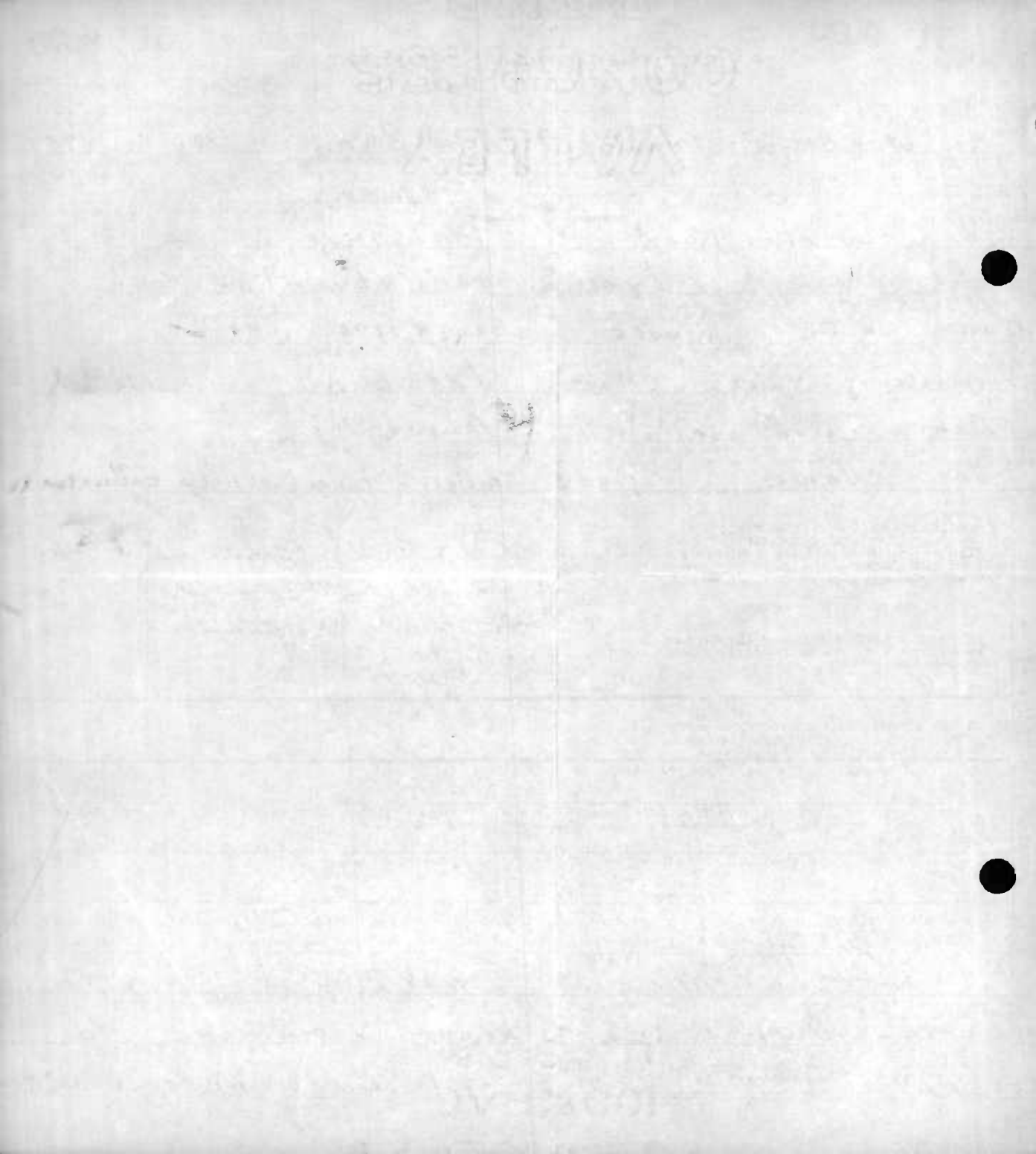
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Geo. L. Schwab 2101 Frederick Ave





51 9071

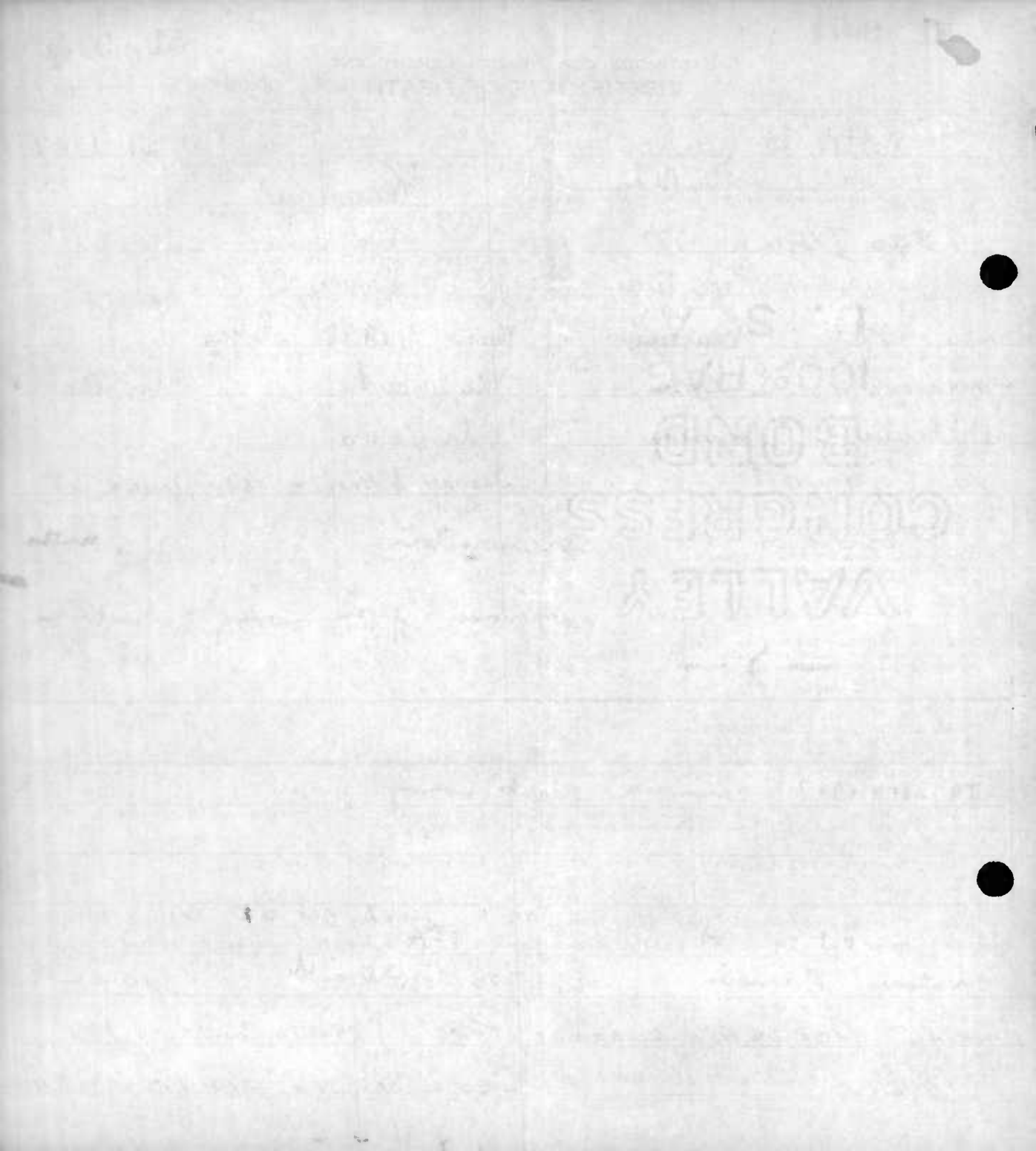
51 9071

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <i>Nettie B. Merker</i>				2. DATE OF DEATH <i>Oct 21 1951</i>			
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto. Md.</i>				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1820 DOVER ST.</i>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 19-04</i>			
C. Length of stay in Baltimore <i>life time</i>				D. STREET ADDRESS (If rural, give location) <i>1820 Dover St.</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>Mar. 19, 1898</i>	9. AGE (In years last birthday) <i>52 yrs.</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laundress</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Laundry</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>William B. Thompson</i>				14. MOTHER'S MAIDEN NAME <i>Unknown</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) <i>NO</i>		16. SOCIAL SECURITY NO. <i>NONE</i>		17. INFORMANT <i>JOSEPH J. MERKER</i>		ADDRESS <i>1820 DOVER ST</i>	
18. <i>175X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>carcinomatous</i> DUE TO ANTECEDENT CAUSES <i>carcinoma of Rt ovary</i> DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>unknown</i> DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH <i>6 months</i> <i>unknown</i>			
19A. DATE OF OPERATION <i>January 1947</i>				19B. MAJOR FINDINGS OF OPERATION <i>carcinoma Right ovary</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Jan 1</i> , 19 <i>47</i> , to <i>Oct 21</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>Oct 19</i> , 19 <i>51</i> , and that death occurred at <i>8:30 A</i> m. from the causes and on the date stated above.							
23A. SIGNATURE <i>Nathan Racusin</i>				23B. ADDRESS <i>206 S. Gilman St.</i>		23C. DATE SIGNED <i>10.22.51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>Oct. 24, 1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>LORRAINE PARK</i>		24D. LOCATION (City, town, or county) (State) <i>BALTO. COUNTY Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 23 1951</i>		REGISTRAR'S SIGNATURE <i>Thurston Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>GEO. L. SCHWAB 2101 FREDERICK AVE</i>			



51 9072

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9072  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

SOPHIA THEIL (Thiel)

2. DATE  
OF  
DEATH

Oct. 21, 1957

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balt. Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

Church Home Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore 26-01

D. STREET ADDRESS (If rural, give location)

4206 Powell Ave.

Length of stay in Baltimore

62 yrs.

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Sept. 9, 1871

9. AGE (In years  
last birthday)

80

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housekeeper

10B. KIND OF BUSINESS OR  
INDUSTRY

Domestic

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL  
SECURITY NO.

None

17. INFORMANT

ADDRESS

H. Schilling, 44 South Talbot St.

18. 420.0 I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Intercerebral heart  
disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Similarity

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

5 yrs.

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from Sept. 22, 1957, to Oct. 21, 1957, that I last saw the  
deceased alive on Oct. 20, 1957, and that death occurred at 6 a.m., from the causes and on the date stated above.

23A. SIGNATURE

M. O.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

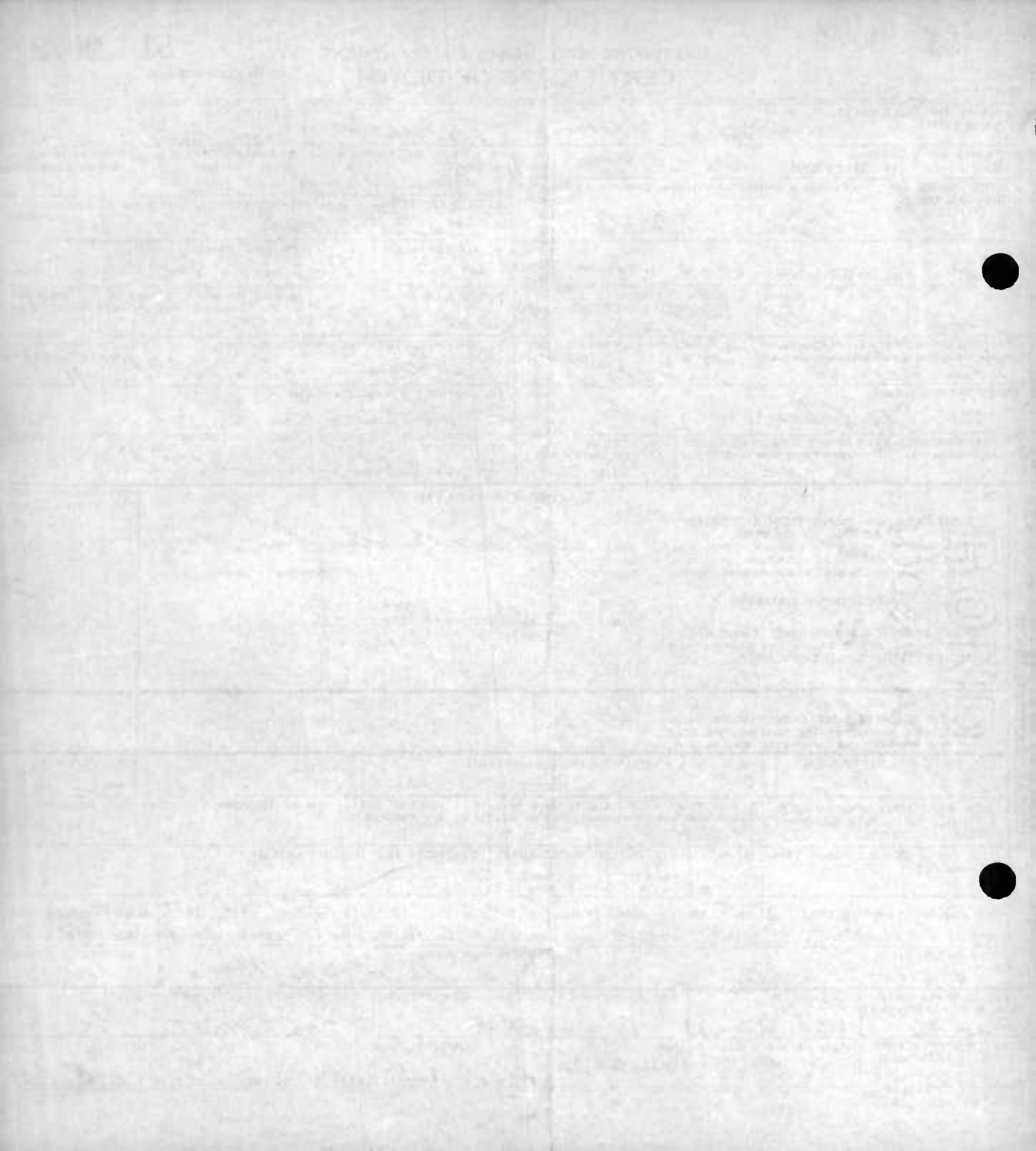
25. FUNERAL DIRECTOR

ADDRESS

OCT 23 1957

Huntington Williams, M.D.

Geo. L. Schwab 2101 Frederick Ave



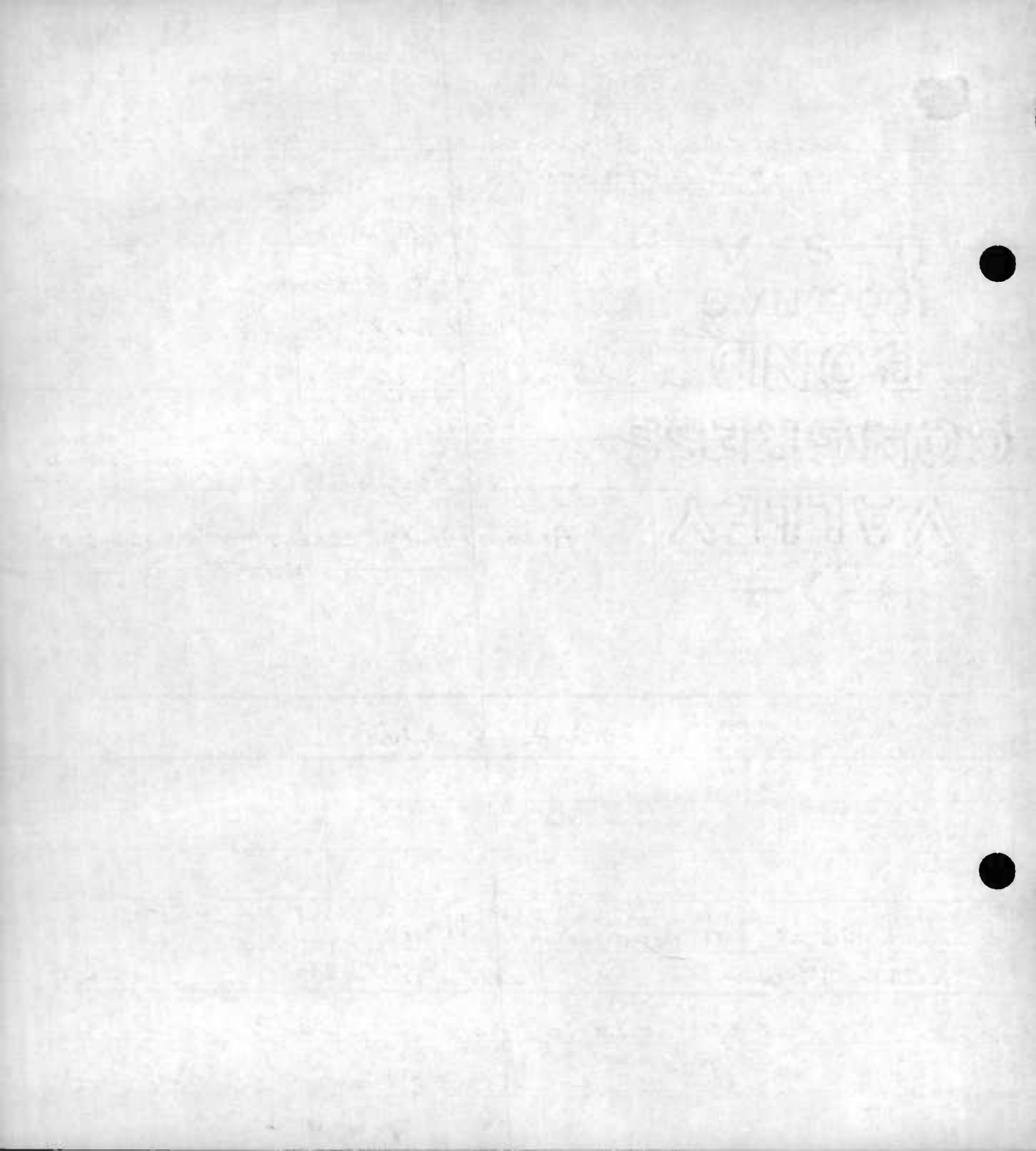
650  
51 9073

51 9073

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. _____		1. NAME OF DECEASED (Type or Print) <u>Samuel D. Surran</u>		2. DATE OF DEATH <u>Oct. 22-1951</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>2224 Sidney Ave</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION _____		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore 25-33</u>			
c. Length of stay in Baltimore <u>69</u> → Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <u>2224 Sidney Ave</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>Jan. 1-1882</u>	9. AGE (In years last birthday) <u>69</u>	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Glass Blower</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Glass Bottle Works</u>		11. BIRTHPLACE (State or foreign country) <u>Millville N.J.</u>	
12. CITIZEN OF WHAT COUNTRY? _____		13. FATHER'S NAME <u>Samuel Surran</u>			
14. MOTHER'S MAIDEN NAME <u>Elizabeth Kieffer</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) _____			
16. SOCIAL SECURITY NO. _____		17. INFORMANT <u>Mrs Elizabeth Sheckells</u>			
18. <u>422.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Arteriosclerotic cardiovascular disease</u>		CAUSE OF DEATH (A) DUE TO (B) DUE TO (C) DUE TO		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>arteriosclerotic cardiovascular disease</u>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>cerebral embolism</u>				<u>1 year</u>	
19A. DATE OF OPERATION <u>Oct 25-1951</u>		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>Sept 1, 1950</u> , to <u>Oct 22, 1951</u> , that I last saw the deceased alive on <u>Oct 20, 1951</u> , and that death occurred at <u>11 AM</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Nathan R. ...</u>		23B. ADDRESS <u>206 S. Gilman St.</u>		23C. DATE SIGNED <u>10-22-51</u>	
24A. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>Oct 25-1951</u>		24C. NAME OF CEMETERY OR CREMATORY <u>London Park Cem</u>	
24D. LOCATION (City, town, or county) <u>Baltd. Md</u>		24E. NAME OF CEMETERY OR CREMATORY <u>London Park Cem</u>		24F. LOCATION (City, town, or county) <u>Baltd. Md</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>OCT 23 1951</u>		REGISTRAR'S SIGNATURE <u>...</u>		25. FUNERAL DIRECTOR <u>Geo. E. Beyer Jr</u>	
				ADDRESS <u>1512 Hollins St</u>	





51 9074

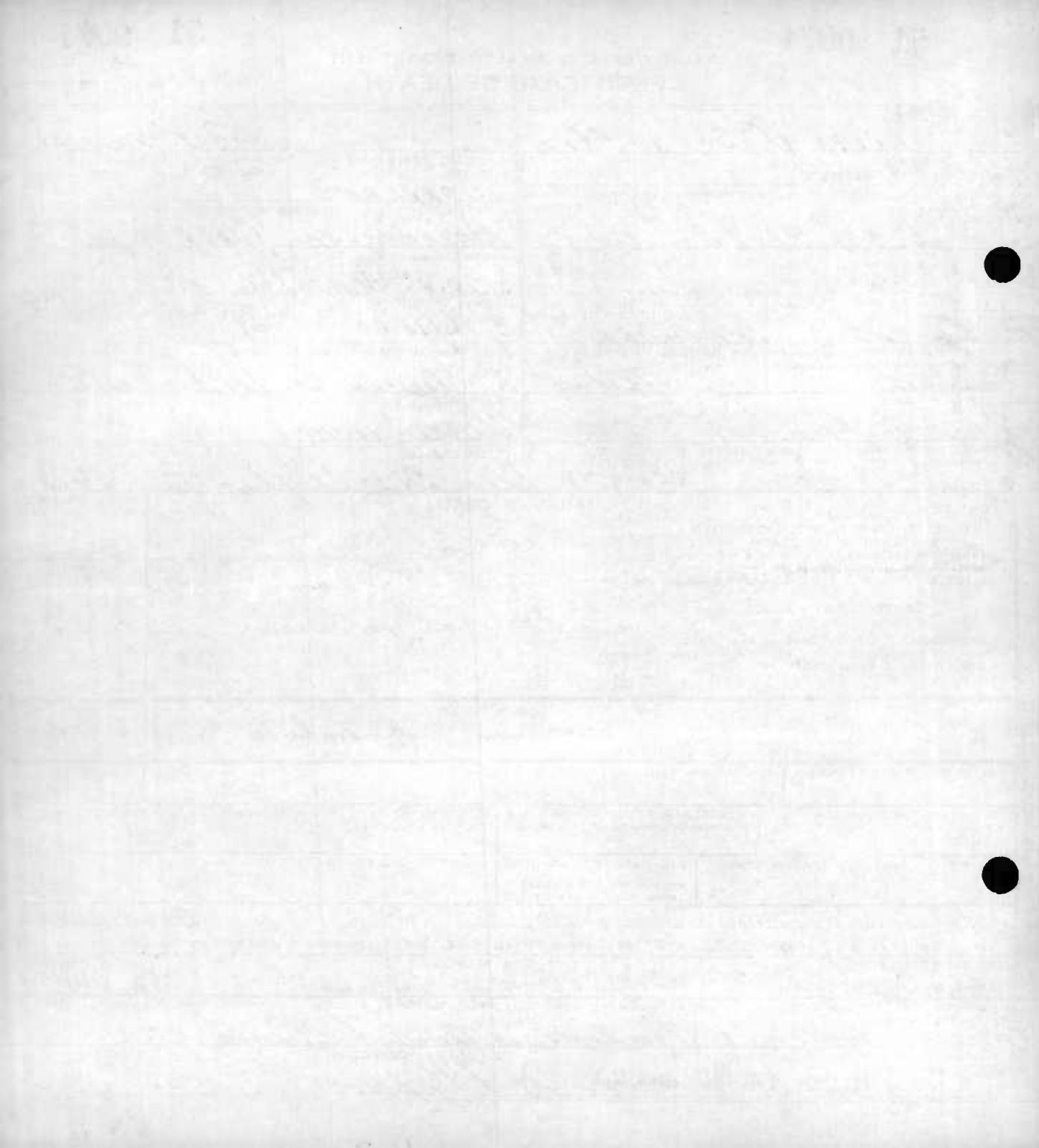
51 9074

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. _____		1. NAME OF DECEASED (Type or Print) <u>Allie V. Schaeffer</u>		2. DATE OF DEATH <u>Oct. 20, 1951</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>MARYLAND</u> B. COUNTY _____			
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>550. S. BENTZLAU ST.</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore City 20-05</u>			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <u>550. S. BENTZLAU ST</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>9/16/1870</u>	9. AGE (In years last birthday) <u>81</u>	If Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>sewer cleaner</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Shoe Factory</u>	11. BIRTHPLACE (State or foreign country) <u>Baltimore Co. Md</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Asa S. Parker</u>		14. MOTHER'S MAIDEN NAME <u>Mary Ann</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>220-07-307</u>	17. INFORMANT ADDRESS <u>Mrs. H. D. Shipley - Turin, Md.</u>			
18. <u>420.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Coronary occlusion</u>		CAUSE OF DEATH (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <u>arteriosclerosis</u>		DUE TO		<u>2 1/2</u>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>General thrombosis</u>				<u>6 hrs.</u>	
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>10/15</u> , 19 <u>51</u> , to <u>10/20</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10/20</u> , 19 <u>51</u> , and that death occurred at <u>12:30 am.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Raymond Miller MD</u>		23B. ADDRESS <u>1030 W. Ebers Ave</u>		23C. DATE SIGNED <u>10/21/51</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>Oct 23/51</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Louisa Park Church</u>	24D. LOCATION (City, town, or county) (State) <u>Baltimore, Md.</u>		
DATE RECEIVED BY LOCAL REGISTRAR <u>OCT 23 1951</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, MD</u>		25. FUNERAL DIRECTOR ADDRESS <u>J. H. Shipley &amp; Son - 1300 E. Ebers Ave</u>	





51 9075

CERTIFICATE CORRECTED 11/6/51 ES

51 9075

## BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Harry Porter

2. DATE  
OF  
DEATH

Oct 22, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Wool Brady &amp;

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution, residence

A. STATE

Fla

B. COUNTY

V-08

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Holly wood  
609 N. 26th Ave

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

6-1-1906

9. AGE (In years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Morris Porter

14. MOTHER'S MAIDEN NAME

Leva Needleman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 199-6

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Hypostatic pneumonia

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Adenocarcinoma-metastatic  
to vertebraINTERVAL BETWEEN  
ONSET AND DEATH

(over)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

10-18-51

19B. MAJOR FINDINGS OF OPERATION

Metastatic Carcinoma

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-27-1951 to 10-22-1951 that I last saw the  
deceased alive on 10-22-1951, and that death occurred at 2:45 p. m., from the causes and on the date stated above.

23A. SIGNATURE

John P. Burch

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

10-22-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Removal

24B. DATE

10-23-51

24C. NAME OF CEMETERY OR CREMATORY

Monterisore

24D. LOCATION (City, town, or county)

Philadelphia Pa.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. Cook, Inc. 1217 St. Paul St.

ADDRESS

See Document File 51-9075

11/6/51

39

51 9076

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

51 9076

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ETHEL HUNDLEY DULANEY

2. DATE  
OF  
DEATH

Oct 22, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION The Union Memorial Hosp.

Baltimore, Md.

Length of stay in Baltimore

life time

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

—

13. FATHER'S NAME

E. CLAY SHRINER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

unknown

16. SOCIAL SECURITY NO.

—

B. DATE OF BIRTH

Nov. 27, 1885

9. AGE (In years last birthday)

65

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

NANNIE E. MILLER

17. INFORMANT

Hospital records. Union Memorial Hosp.

ADDRESS

18.

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

I  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

myeloid Myeloma

DUE TO

## ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

M.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Sept 10, 1951, to Oct 22, 1951, that I last saw the deceased alive on Oct 22, 1951, and that death occurred at 5:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Jesse D. Hubbard

M. D.

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

Oct 22, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10/24/51

24C. NAME OF CEMETERY OR CREMATORY

Druid

Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

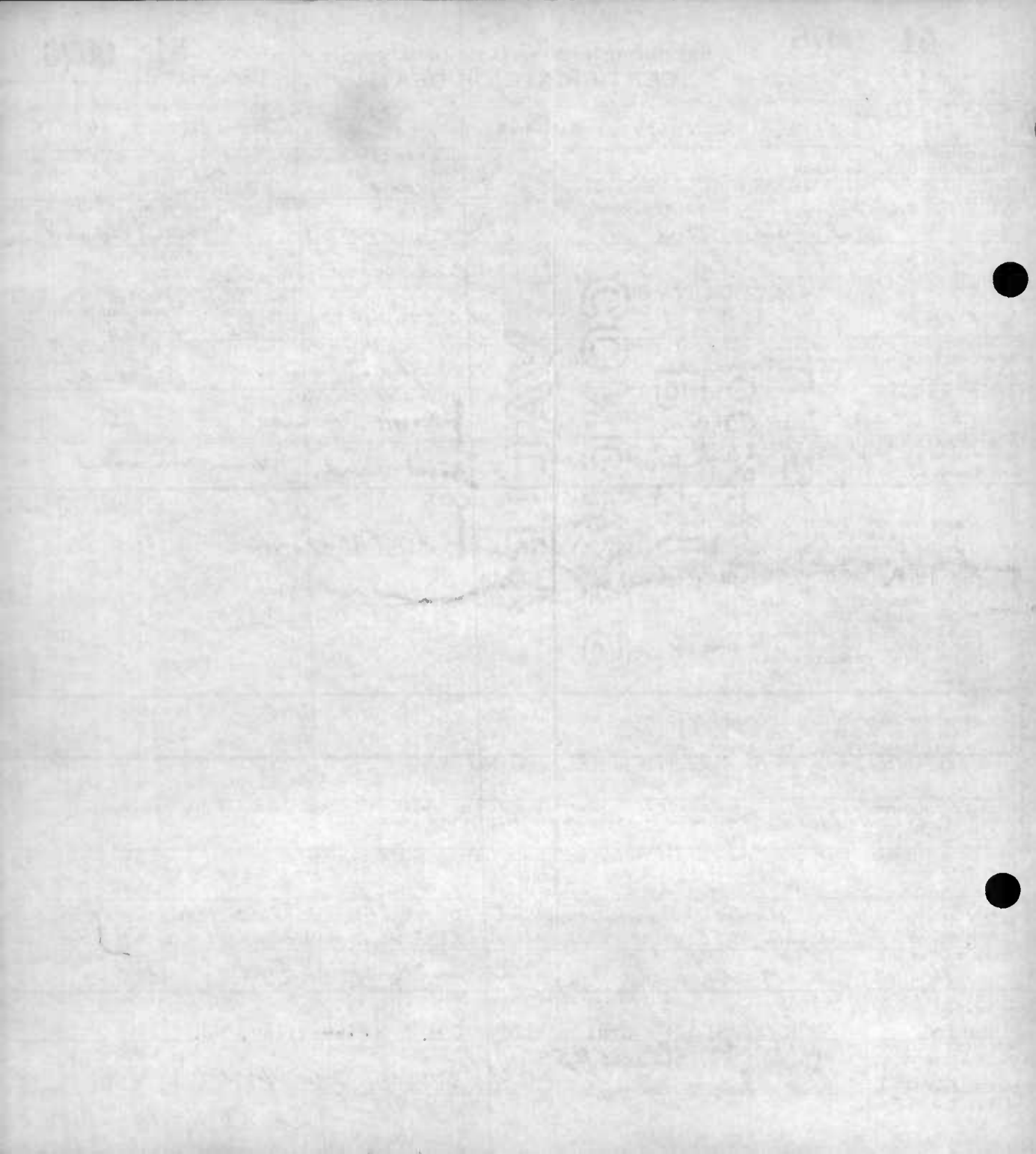
Wm. J. Lickner &amp; Sons

56 E. Balt. - Md.

OCT 23 1951

VS 150

MEDICAL CERTIFICATION



51 9077

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9077

BIRTH NO. S-432

1. NAME OF DECEASED (Type or Print) <b>EDWARD KING SCHULTZ, SR.</b>		2. DATE OF DEATH <b>Oct. 21, 1951</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Anderson Nursing Home</b> <b>3604 Mohawk Ave.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>15-09</b>	
D. STREET ADDRESS (If rural, give location) <b>4114 Alto Rd.</b>		5. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Apr. 25, 1890</b>	9. AGE (in years last birthday) <b>61</b> If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Insurance Examiner</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>State of Md.</b>	
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>Arthur H. Schultz</b>		14. MOTHER'S MAIDEN NAME <b>Isabelle King</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>-</b>		16. SOCIAL SECURITY NO. <b>213-03-6179</b>	
17. INFORMANT <b>Mr. E. K. Schultz, Jr.</b>		ADDRESS <b>5524 Midwood Ave</b>	

18. 450.0

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

2 days

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-1946 to 10-21-1951, that I last saw the deceased alive on 1-21-1951, and that death occurred at 12:20 A. M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

10-22-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

10/23/51

Druid Ridge Cem.

Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 23 1951

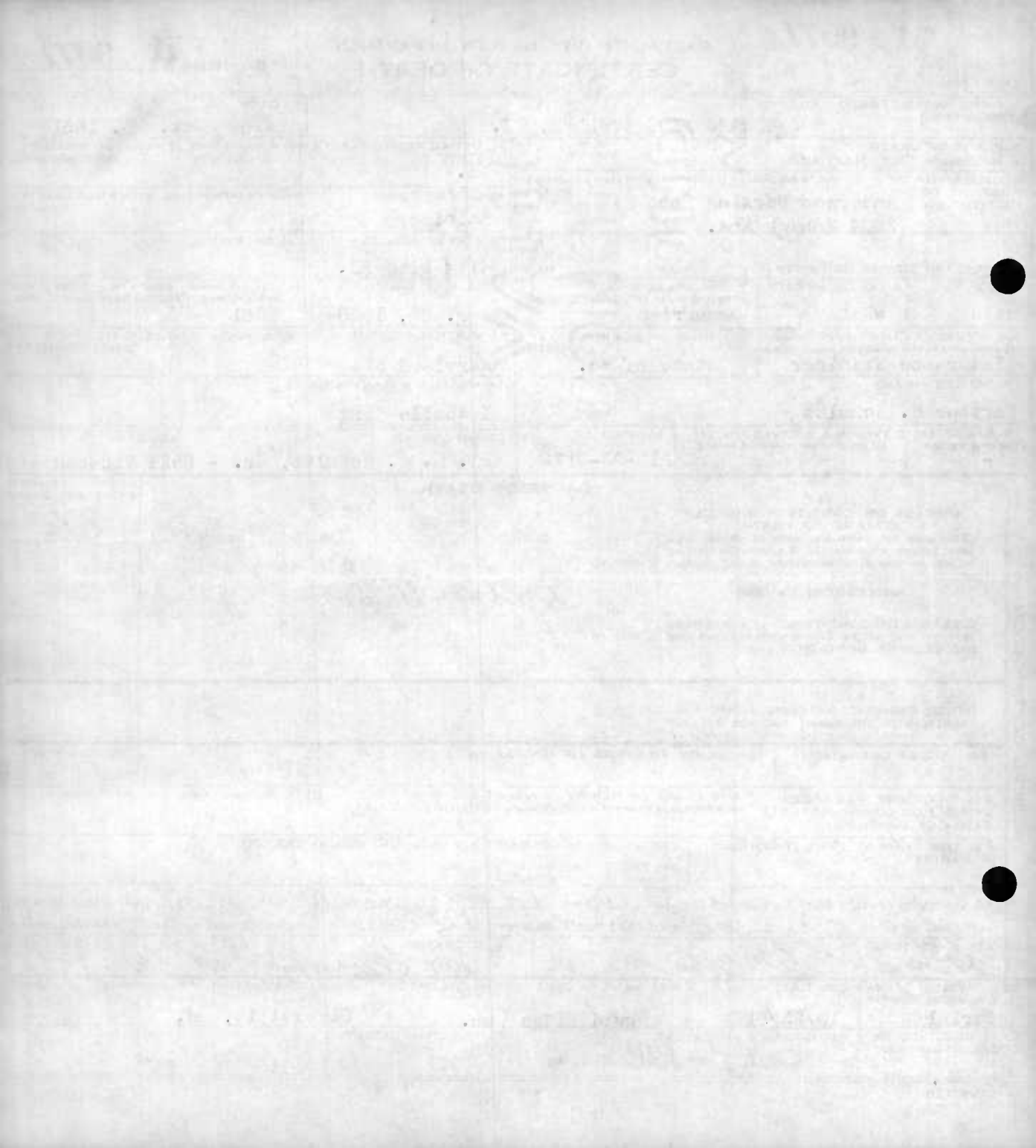
VS 150

450 92

093 E

md.

MEDICAL CERTIFICATION





51 9078

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9078

Registered No.

BIRTH NO. *H-220*1. NAME OF DECEASED  
(Type or Print)*Mrs. Mary Catherine Hughes*2. DATE  
OF  
DEATH*10/21/51*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Baltimore, Md.*

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE  
*Md.*

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION*Stl Joseph's Hospital  
1400 N. Caroline St.*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*Balto*

D. STREET ADDRESS (If rural, give location)

*504 E. 23 rd St. #18*Yrs.  
Mos.  
Days

Length of stay in Baltimore

SEX

*Female*

6. COLOR OR RACE

*White*7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)*Married*

8. DATE OF BIRTH

*3/9/98*

9. AGE (In years last birthday) If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

*53 yrs.*

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*seamstress - rtd*

10B. KIND OF BUSINESS OR INDUSTRY

*Men's shirts*

11. BIRTHPLACE (State or foreign country)

*Balto., Md.*12. CITIZEN OF  
WHAT COUNTRY?*USA*

13. FATHER'S NAME

*John Grogan*

14. MOTHER'S MAIDEN NAME

*Unknown*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.17. INFORMANT ADDRESS  
*Mrs. Helen Craig - 504 ; E. 23rd st.*18. *H16X*

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Uremia*

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) *Chronic Glomerul<sup>o</sup> Nephritis*

DUE TO

(C) *Rheumatic Heart Disease*

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *10/19*, 19*51*, to *10/21*, 19*51* that I last saw the deceased alive on *10/21*, 19*51* and that death occurred at *7:30 PM* from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

*1400 N. Caroline St.**10/21/51*24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)*Burial*

24B. DATE

*10/25/51*

24C. NAME OF CEMETERY OR CREMATORY

*Mt. Olivet Cem*

24D. LOCATION (City, town, or county)

*Balto., Md.*

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR*OCT 23 1951*

REGISTRAR'S SIGNATURE

*Antington Williams, M.D.*

25. FUNERAL DIRECTOR

ADDRESS

*21m. J. Tichener & Sons*

VS 150

*6904G 1311 R. Balt. Md.*

MEDICAL CERTIFICATION

10/1/51

Mr. J. Edgar Hoover

Director

Federal Bureau of Investigation

Washington, D.C.

Dear Sir:

I am writing to you

Very

Respectfully,

Very truly yours,

W. J. Harrison

10/1/51

10/1/51

10/1/51

10/1/51

**CERTIFICATE OF DEATH**

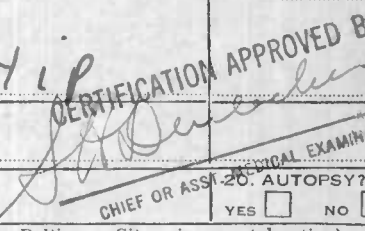
51 9079

51 9079

BIRTH NO. P-235

Registered No. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <u>Daniel J. Paxton</u>			2. DATE OF DEATH <u>10-22-51</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Luthera Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>BALT. 15-38</u>		
D. STREET ADDRESS (If rural, give location) <u>2611 N. Hilton ST</u>					
5. SEX <u>M</u>			6. COLOR OR RACE <u>W</u>		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>			8. DATE OF BIRTH <u>Oct. 29, 1869</u>		
9. AGE (In years last birthday) <u>81</u>			10. UNDER 1 Year Months: _____ Days: _____		
11. UNDER 24 Hours Hours: _____ Min: _____			12. CITIZEN OF WHAT COUNTRY? _____		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>salesman</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>Matches</u>		
13. FATHER'S NAME <u>William Paxton Daniel J. Paxton Sr.</u>			14. MOTHER'S MAIDEN NAME <u>Mary Jennings Garland</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>no</u>		
17. INFORMANT			ADDRESS <u>Mr. R. Irving Paxton - 3305 Piedmont Ave.</u>		

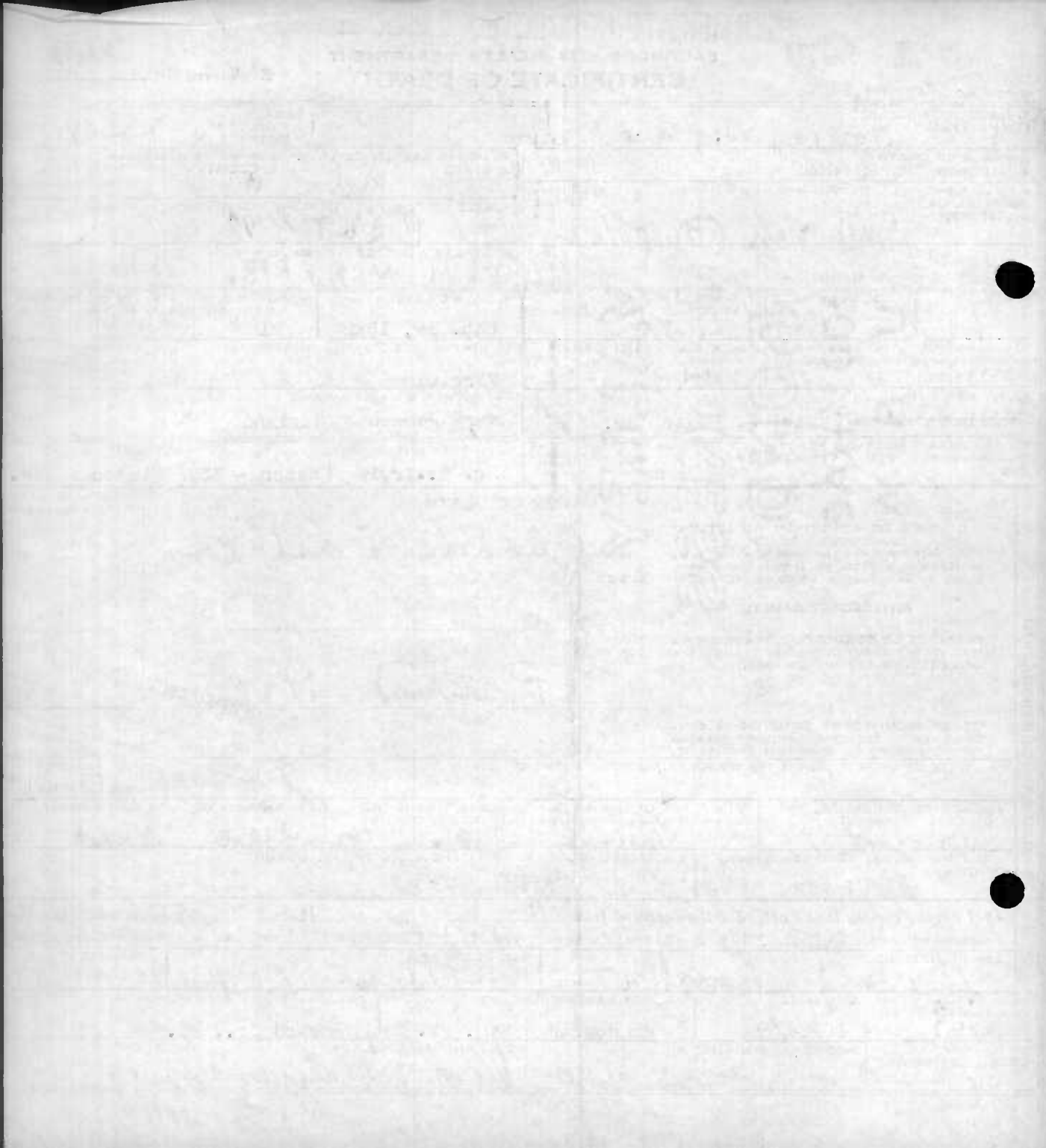
18. <u>E90201</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Cardiac Failure</u>		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
(B) DUE TO		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Fractured Hip</u>		<div style="text-align: right;"> <b>CERTIFICATION APPROVED BY</b>    <b>MEDICAL EXAMINER</b> </div>
(C) DUE TO		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>Accident</u>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	
21C. WHERE DID INJURY OCCUR? <u>2611 N. Hilton Street 15-38</u>		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>Oct. 8, 1951</u>	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u>Fell from bed to floor</u>	
22. I hereby certify that I attended the deceased from <u>10-8</u> , 19 <u>51</u> , to <u>10-22</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10-22</u> , 19 <u>51</u> , and that death occurred at <u>1 A.M.</u> , from the causes and on the date stated above.			
23A. SIGNATURE <u>Marvin J. Hambro</u> M.D.		23B. ADDRESS <u>Luthera Hosp</u>	
23C. DATE SIGNED <u>10-22-51</u>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>10/24/51</u>	
24C. NAME OF CEMETERY OR CREMATORY <u>Meadowridge Mem. Pk.</u>		24D. LOCATION (City, town, or county) (State) <u>Howard Co., Md.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>OCT 23 1951</u>		REGISTRAR'S SIGNATURE <u>William J. Tichner</u>	
VS 150		25. FUNERAL DIRECTOR <u>Wm. J. Tichner &amp; Sons - Balto. Md.</u>	

MEDICAL CERTIFICATION

N-871.1

186A



51 9080

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9080

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MARY MATILDA SMITH

2. DATE  
OF  
DEATH

Oct 21, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

2803 Hampden Ave.

Yrs.  
Mos.  
Days

Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

May 26, 1870

9. AGE (in years  
last birthday)

82

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

—

11. BIRTHPLACE (State or foreign country)

Delaware.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

—

14. MOTHER'S MAIDEN NAME

—

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Edward H. Smith, Granite Rd., Balto. Co.

18. 443X 1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Cerebral Hemorrhage  
DUE TO

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Arteriosclerotic Cardiovascular Disease  
DUE TO  
(C) Hypertension

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from 6/17, 1924 to Oct. 20, 1951, that I last saw the  
deceased alive on Oct 20, 1951, and that death occurred at 1:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

A. W. Cross

M. D.

23B. ADDRESS

2902 Huntington Ave.

23C. DATE SIGNED

10/22/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

10/23/51

24C. NAME OF CEMETERY OR CREMATORY

Alwood Ridge

24D. LOCATION (City, town, or county)

Pikesville.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Paul C. Cheneveth 3615-17th Street, Balto.

OCT 23 1951

1



51 9081

BALTIMORE CITY HEALTH DEPARTMENT

51 9081

## CERTIFICATE OF DEATH

Registered No.

BIRTH NO. G 75146

1. NAME OF DECEASED  
(Type or Print)

RAY MOND C. HAAS

2. DATE  
OF  
DEATH

OCT-20, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

BALTIMORE

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Baltimore, Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 20-02

D. STREET ADDRESS (If rural, give location)

114 N. Wheeler Ave.

Length of stay in Baltimore

4

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

March 25, 1947

9. AGE (In years  
last birthday)

4

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, also if retired)

Child

10B. KIND OF BUSINESS OR  
INDUSTRY

Child

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Henry HAAS

14. MOTHER'S MAIDEN NAME

MARVIE STENGLE

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

MRS Elva Haas 114 N Wheeler Ave

18. 061X

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

RESPIRATORY FAILURE

INTERVAL BETWEEN  
ONSET AND DEATH

3 days

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

TETANUS

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.CERTIFICATION APPROVED BY  
William V. V. M. D.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

Backyard

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

Backyard of 114 N. Wheeler Ave.

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

10-3-51

m.

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Scratched self while playing

22. I hereby certify that I attended the deceased from OCT 20, 1951 to OCT 20, 1951 that I last saw the  
deceased alive on OCT 20, 1951 and that death occurred at 3:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

M. E. Mathews

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

OCT 20, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10-23-51

24C. NAME OF CEMETERY OR CREMATORY

Western Cemetery

24D. LOCATION (City, town, or County)

Edmondson + Longwood St

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Fred. H. Cole, 1913 W. Balto. St.



Rev Paul Hagy

51 9082

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9082

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Louise Marks

2. DATE  
OF  
DEATH

October 21, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

5. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

3107 Lawnview Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3107 Lawnview Avenue

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Jan. 14, 1877

9. AGE (in years  
last birthday)

74

10. Under 1 Year  
Months Days11. Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Charles Hillebrand

14. MOTHER'S MAIDEN NAME

Mary Sahn

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.17. INFORMANT ADDRESS  
Harry Marks, 3107 Lawnview Avenue

18. 422-1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asphyxia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) DUE TO  
(C) DUE TOCongestive Heart Failure  
Arteriosclerotic Cardio-vascular  
DiseaseOTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☒  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 5, 1951, to Oct 21, 1951, that I last saw the deceased alive on Oct 21, 1951, and that death occurred at 9:15 p. m. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

burial

24B. DATE

10/24/51

24C. NAME OF CEMETERY OR CREMATORY

Moreland Park Cemetery

24D. LOCATION (City, town, or county) (State)

Parkville, Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

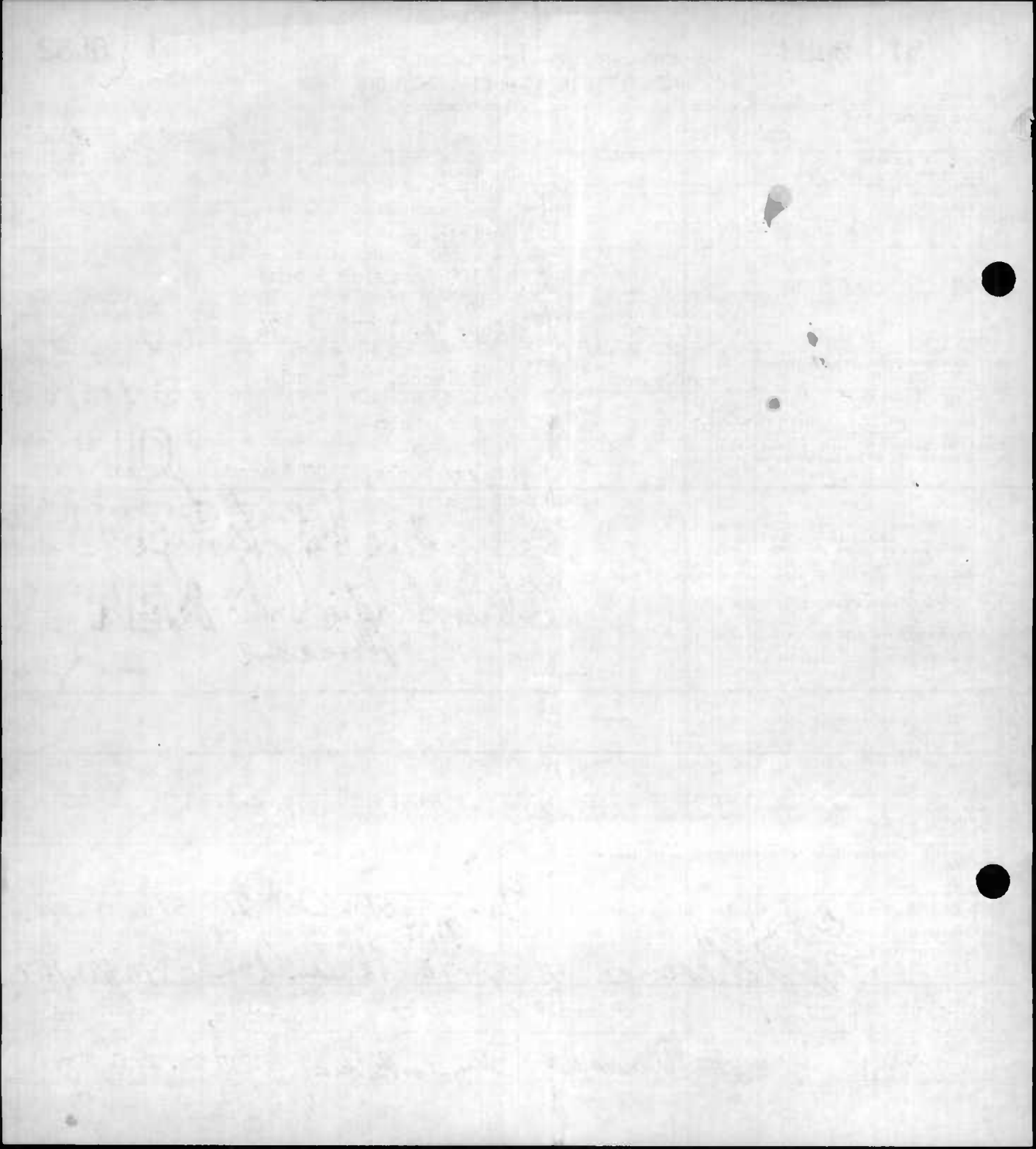
231951

Wm. - Cook, Inc., 1217 St. Paul Street

VS 150

093 D

MEDICAL CERTIFICATION



250  
51 9083BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9083

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Amy F. Newsome

2. DATE OF DEATH  
October 21, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

838 S. Paca Street

Yrs.  
Mos.  
Days

Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

838 S. Paca Street

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Jan. 27, 1896

9. AGE (In years last birthday)

55

10. Under 1 Year

Months

Days

11. Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Machine Operator

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Caroline County, Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William Farrington

14. MOTHER'S MAIDEN NAME

Emma Haslup

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

213-14-8751

17. INFORMANT

ADDRESS

Jasper Newsome, 838 S. Paca Street

18.

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Gall Bladder

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

1 1/2 years

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1950, to Oct 21, 1951, that I last saw the deceased alive on Oct 20, 1951, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

H. Kates

M. D.

23B. ADDRESS

517 Scott St.

23C. DATE SIGNED

10/22/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

10/24/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

(State)

Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

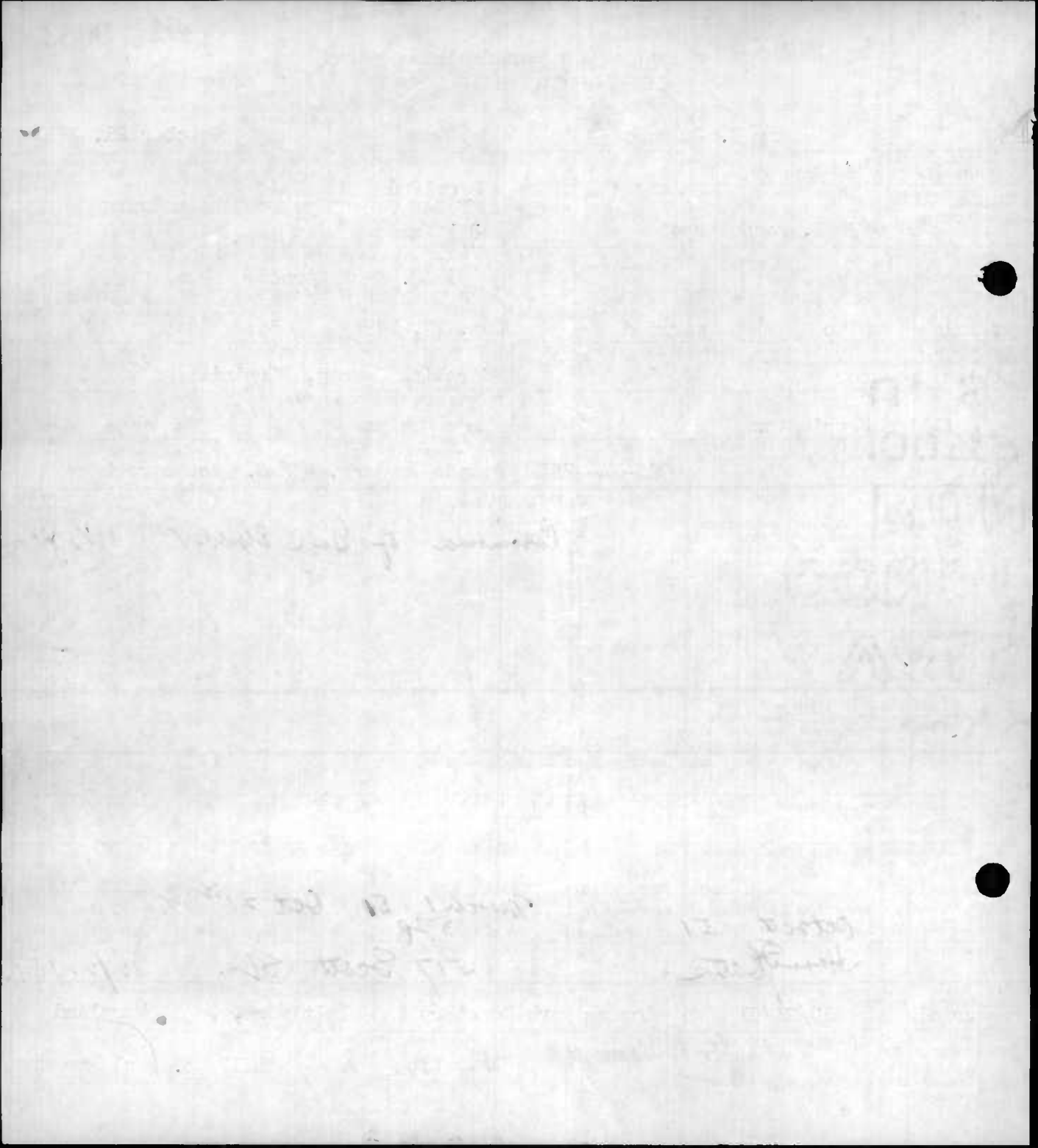
H. Kates

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc.,

1217 St. Paul Street



51

9084 CERTIFICATE CORRECTED 10-30-57

51

9084

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>CHARLES KENNY</b>		2. DATE OF DEATH <b>October 21, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Union Memorial</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>			
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>833 W. 35th Street</b>			
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>March 13, 1912</b>	9. AGE (In years last birthday) <b>39</b>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Police Officer</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Baltimore City</b>		11. BIRTHPLACE (State or foreign country) <b>Baltimore, Maryland</b>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <b>Michael Kenny</b>		14. MOTHER'S MAIDEN NAME <b>Sallie Cassaday</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <b>Mrs. Marie Kenny, 835 West 35th Street</b>	
18. <b>E976X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Bullet Wound of Head</b> DUE TO (A) (B) (C) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) (B) (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>833 W. 35th Street</b>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>10/21/51 1:10 P.m.</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>Firearms</b>	
22. I certify that I took charge of the remains described above, held an <b>Autopsy, Inspection or Inquiry</b> therein and from the evidence obtained by said <b>Autopsy, Inspection or Inquiry</b> , find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <b>Stanley H. Slesinger</b> M.D.		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <b>10/22/51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY <b>New Cathedral Cemetery</b>	
24D. LOCATION (City, town, or county) (State) <b>Baltimore, Maryland</b>		24E. FUNERAL DIRECTOR <b>Wm. Cook, Inc.</b>		24F. ADDRESS <b>1217 St. Paul Street</b>	

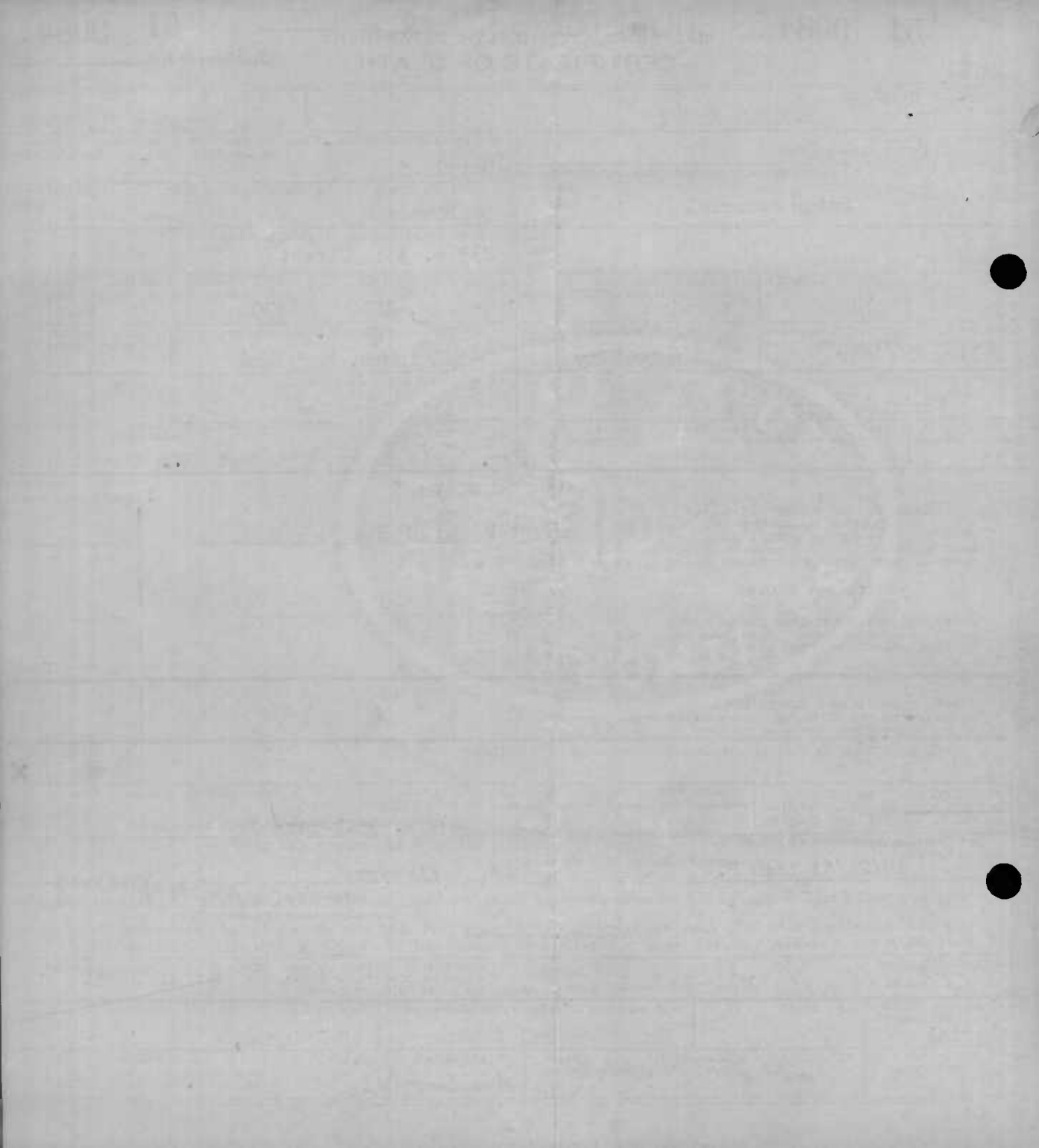
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-635  
51 9085BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9085

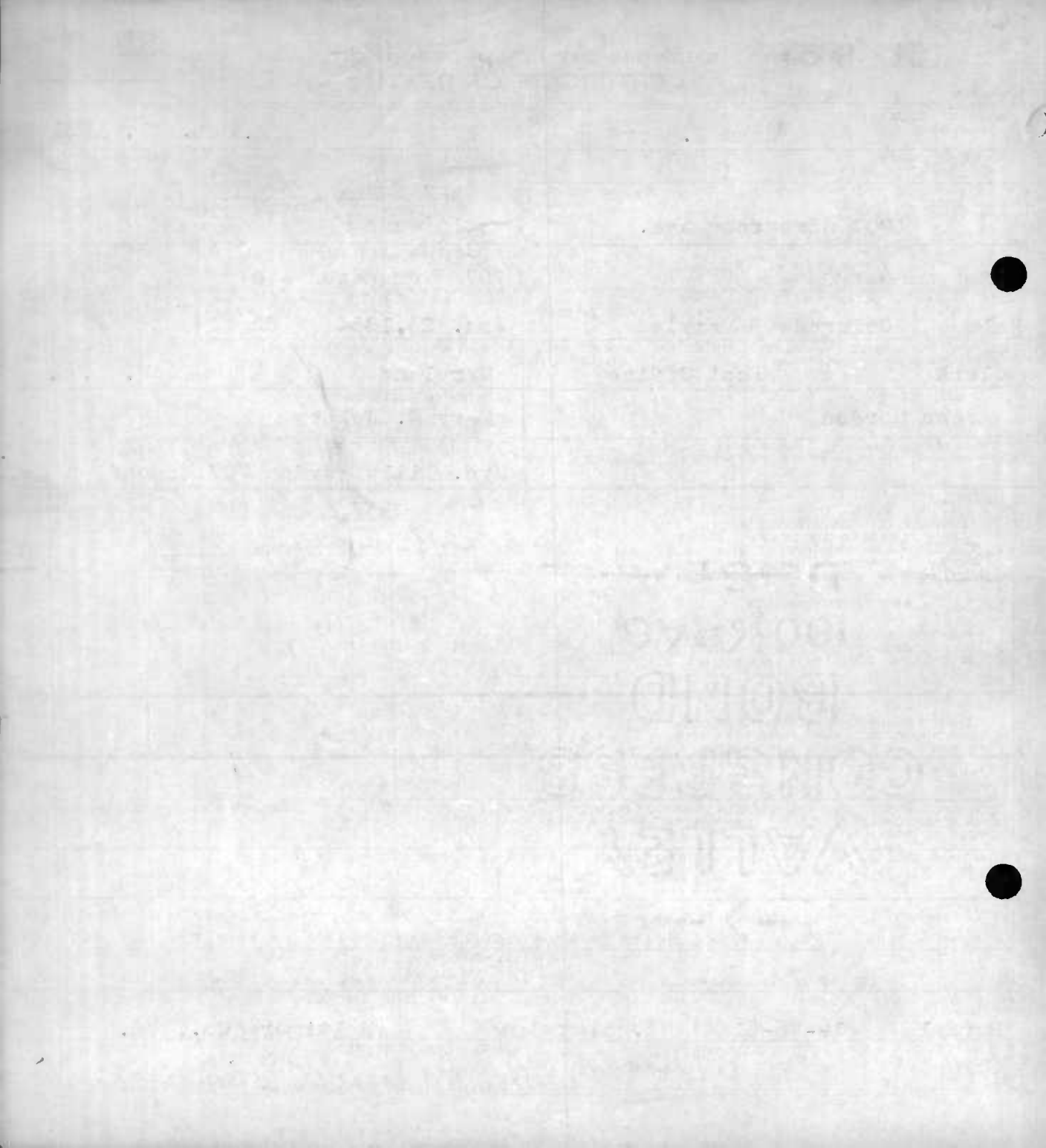
Registered No. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>John J. Gordon</b>		2. DATE OF DEATH <b>Oct. 21, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>707 Edmondson Ave.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
5. LENGTH OF stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <b>707 Edmondson Ave;</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 23, 1884</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Post Office</b>	9. AGE (In years last birthday) <b>65</b>
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13. FATHER'S NAME <b>John Gordon</b>		14. MOTHER'S MAIDEN NAME <b>Mary E. Jolley</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>17-23</b>	
17. INFORMANT <b>Mrs. Lilly Gordon</b>		ADDRESS <b>707 Edmondson Av.</b>	

18. <b>331X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) <b>Cerebral hemorrhage</b> DUE TO CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>	19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>carditis</b>
---	---

19A. DATE OF OPERATION <b>10-25-51</b>	19B. MAJOR FINDINGS OF OPERATION <b>Mt. Zion Cem</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>2324 Reisterstown Rd</b>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>Baltimore Co., Md.</b>
21D. TIME (Month) (Day) (Year) (Hour) <b>Oct 21, 1951</b>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? <b>fall</b>
22. I hereby certify that I attended the deceased from <b>May</b> , 1951, to <b>Oct 21</b> , 1951, that I last saw the deceased alive on <b>Oct 21</b> , 1951, and that death occurred at <b>12:20 p.m.</b> , from the causes and on the date stated above.		
23A. SIGNATURE <b>M. H. Butterman</b>	23B. ADDRESS <b>2324 Reisterstown Rd</b>	23C. DATE SIGNED <b>Oct 22, 1951</b>

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>10-25-51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mt. Zion Cem</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore Co., Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 23 1951</b>	REGISTRAR'S SIGNATURE <b>Wm. H. Butterman</b>	25. FUNERAL DIRECTOR <b>Mr. Maurice D. Hensley Biddle</b>	



F-652 51 9086

51 9086

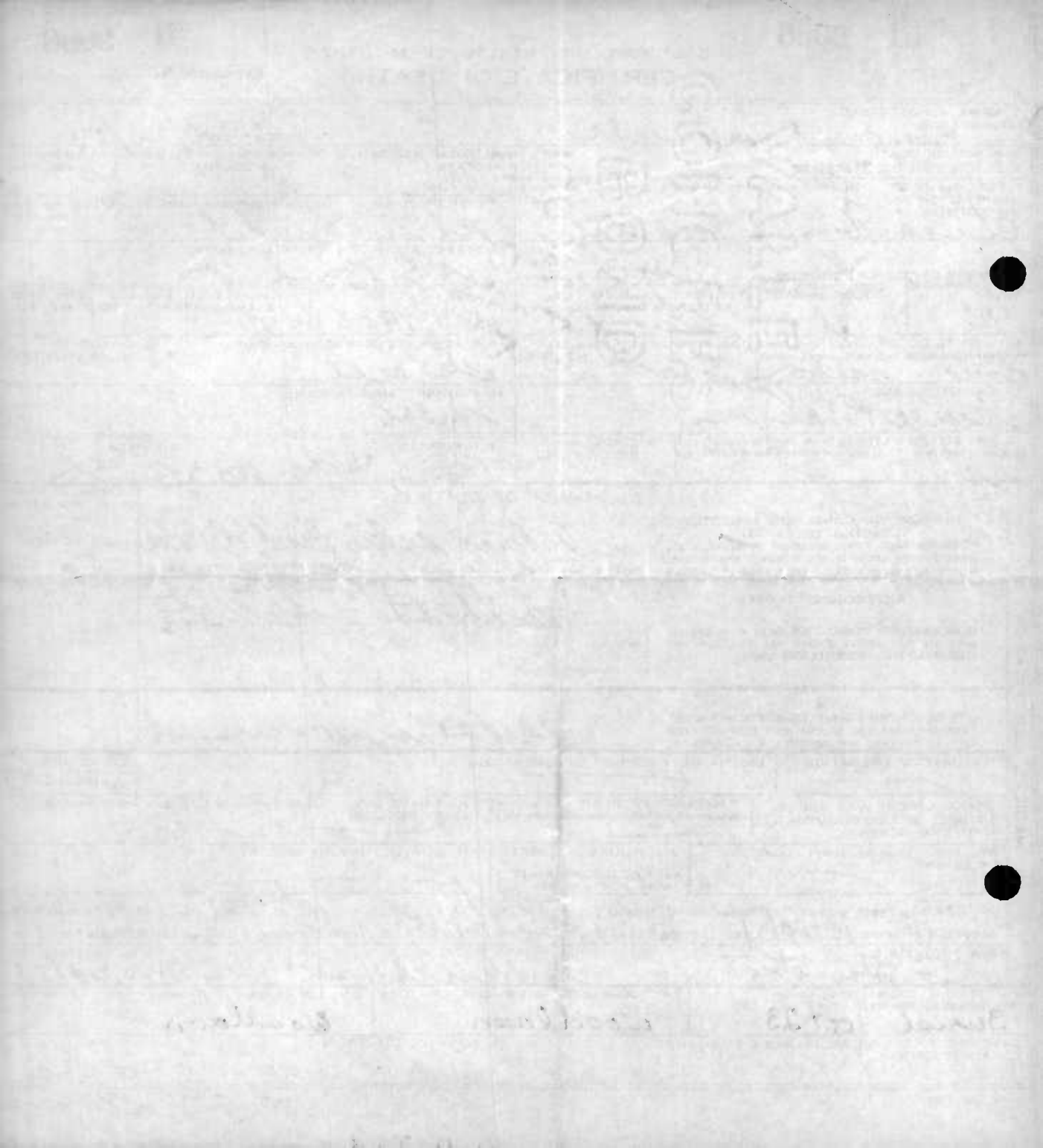
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. _____			1. NAME OF DECEASED (Type or Print) <u>Frangos, Emmanouel</u>			2. DATE OF DEATH <u>10/20/51</u>			
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived before admission) A. STATE <u>MD</u> COUNTY <u>_____</u>						
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Church Home &amp; Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore city</u>						
length of stay in Baltimore <u>7 yrs.</u>			D. STREET ADDRESS (If rural, give location) <u>800 S. Ponce St</u>			<u>26-07</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Jan 1, 1900</u>		9. AGE (In years last birthday) <u>51</u>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Boiler maker</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Steel</u>		11. BIRTHPLACE (State or foreign country) <u>Greece</u>		12. CITIZEN OF WHAT COUNTRY? <u>Greece</u>			
13. FATHER'S NAME <u>George Frangos</u>				14. MOTHER'S MAIDEN NAME <u>Mary</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>no</u>				16. SOCIAL SECURITY NO. _____		17. INFORMANT <u>Takou, Mike</u> ADDRESS <u>509 S 48th St</u>			
18. <u>260X I</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  CAUSE OF DEATH (A) <u>Arteriosclerosis heart disease</u> DUE TO <u>2 coronary arteries</u> (B) <u>Diabetes mellitus</u> DUE TO _____ (C) _____  <u>acutis senex</u>						INTERVAL BETWEEN ONSET AND DEATH <u>years</u> <u>1 day?</u>			
19A. DATE OF OPERATION <u>21</u>			19B. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____					
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>10/19/51</u> , 19 <u>51</u> , to <u>10/20/51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10/20/51</u> , 19 <u>51</u> , and that death occurred at <u>12:45 p</u> m., from the causes and on the date stated above.									
23A. SIGNATURE <u>Dr. Antonis</u>			23B. ADDRESS <u>Church Home &amp; Hosp</u>			23C. DATE SIGNED <u>10/20/51</u>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>Oct 23</u>		24C. NAME OF CEMETERY OR CREMATORY <u>woodlawn</u>		24D. LOCATION (City town, or county) (State) <u>Woodlawn.</u>			
DATE RECEIVED BY LOCAL REGISTRAR <u>Oct 23 1951</u>		REGISTRAR'S SIGNATURE <u>William H. Williams Jr</u>		25. FUNERAL DIRECTOR <u>Lambros funeral Home Inc</u>		ADDRESS <u>440 E. North ave</u>			

MEDICAL CERTIFICATION

5033D 061.0



D-500

51 9087

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9087

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MARJORIE DUNIE

2. DATE  
OF  
DEATH

10/22/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

SINAI HOSPITAL

Yrs.  
Mos.  
Days

Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

M

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

15-11

D. STREET ADDRESS (If rural, give location)

3503 GRANTLEY ROAD

8. DATE OF BIRTH

9. AGE (In years last birthday)

31

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Charles Schwartzman

14. MOTHER'S MAIDEN NAME

Ella

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, oo or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mack Dunie - Jane

18. 153X I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinomatosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE. (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Sigmoidal Carcinoma

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/14, 1951, to 10/22, 1951, that I last saw the deceased alive on 10/22, 1951, and that death occurred at 11:16 A.M., from the causes and on the date stated above.

23A. SIGNATURE

E. Chelmsky

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

10-22-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10-24-51

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Friendship

24D. LOCATION (City, town, or county)

Datto Md

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Williams, M.D.

25. FUNERAL DIRECTOR

Jack Lewis Jr

ADDRESS

2100 Eutan Pl





C-300

51 9088

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9088

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Enrico

Chioldi

2. DATE  
OF  
DEATH

Oct. 20-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

2900 Northern Parkway

length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2900 Northern Parkway

8. DATE OF BIRTH

male

9. AGE (In years last birthday)

70

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

retired Tailor

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Dominic Chioldi

14. MOTHER'S MAIDEN NAME

Rose

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS 2900

Mr. Anna M. Chioldi 2900

18. 443 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

II

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/27, 1949 to 10/19, 1951, that I last saw the deceased alive on 10/19, 1951 and that death occurred at 3:45 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

590 4G

124a



Dr. Carruzzo.  
5217 York Rd.

-620 51 9089

BALTIMORE CITY HEALTH DEPARTMENT  
**CERTIFICATE OF DEATH**

51 9089  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

2. DATE  
OF  
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR  
INSTITUTION

3538 Elmley Ave

Yrs. Mos. Days

length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 203 X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1957 to Oct 21, 1957 that I last saw the deceased alive on Oct 21, 1957 and that death occurred at 1:30 A.M. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

057E

Dr. Klippanowicz  
3500 Erdmann

620 51 9090

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9090

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JOSEPHINE BOROWSKI

2. DATE  
OF  
DEATH

October 20, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

706 S. Bethel Street

Yrs.  
Mos.  
Days

Length of stay in Baltimore

SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

706 S. Bethel Street

8. DATE OF BIRTH

1895

9. AGE (In years  
last birthday)

56

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

Housewife

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF  
WHAT COUNTRY?

Poland

13. FATHER'S NAME

George Siatkowski

14. MOTHER'S MAIDEN NAME

Mikolajczyk

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Witold Borowski, 706 S. Bethel Street

18. 581.0

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Fatty liver

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☐

23C. DATE SIGNED

M.D. ASSISTANT MEDICAL EXAMINER.....☒

Oct. 20, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



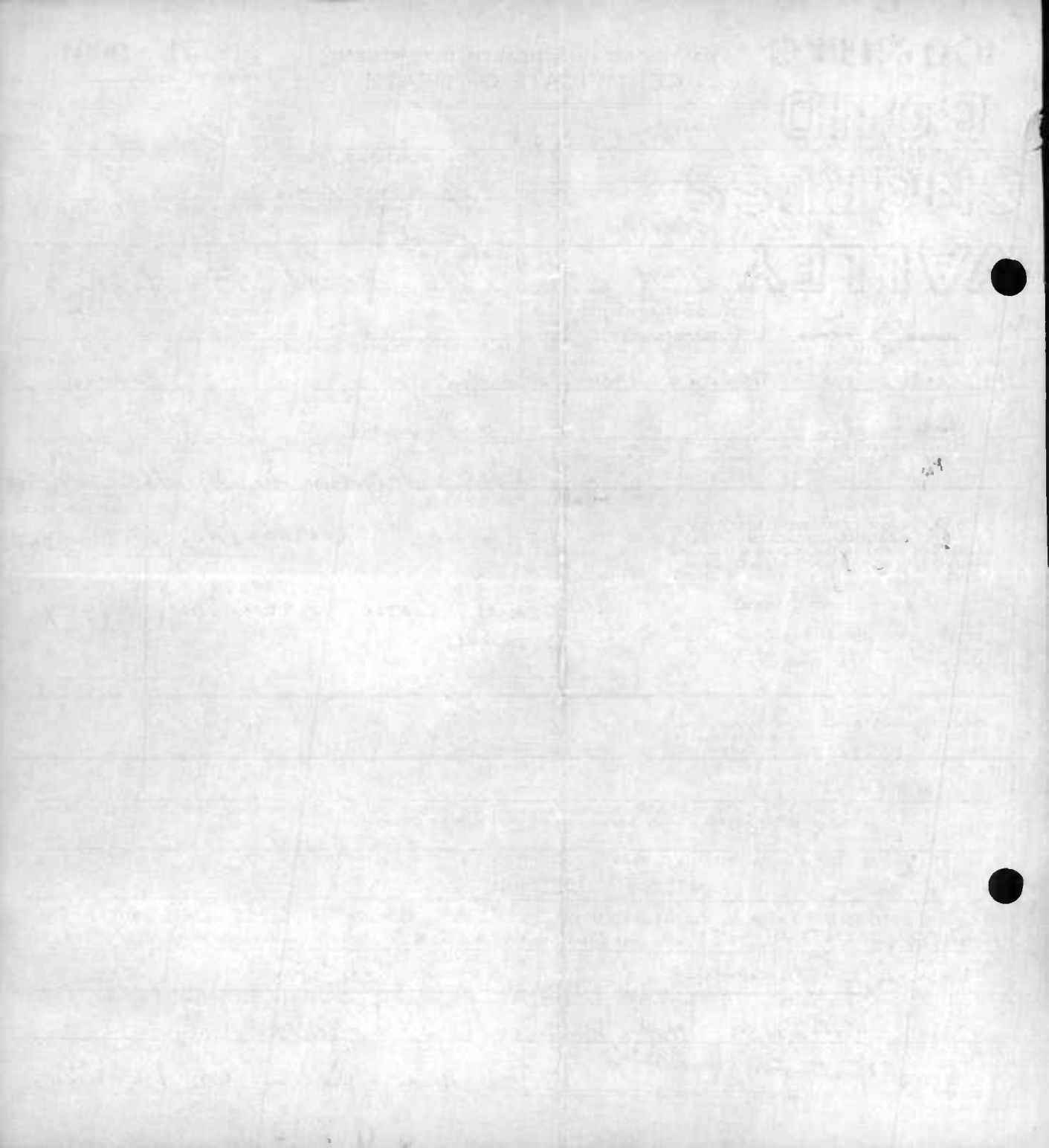
T-252  
51 9091

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9091  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>JACOB TRZCINSKI</b>		2. DATE OF DEATH <b>OCT 21 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>1616 Fleet Street</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>			
Length of stay in Baltimore <b>45 years</b>		D. STREET ADDRESS (If rural, give location) <b>1616 Fleet Street 2-03</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>1869</b>	9. AGE (In years last birthday) <b>82</b>	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ray Electric Co.</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Main &amp; Service Dept Poland</b>		11. BIRTHPLACE (State or foreign country) <b>Poland</b>	
12. CITIZEN OF WHAT COUNTRY? <b>Poland</b>		13. FATHER'S NAME <b>unknown</b>		14. MOTHER'S MAIDEN NAME <b>unknown</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT <b>son</b> ADDRESS <b>3304 Chester Trzcinski Western Ave</b>	
18. <b>422.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>TERMINAL BRONCHO-PNEUMONIA</b>		CAUSE OF DEATH <b>ARTERIOSCLEROTIC CARDIO-VASC. DISEASE</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 DAYS</b>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO		(B) DUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) DUE TO			
19A. DATE OF OPERATION <b>None</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>OCT. 20, 1951</b> , to <b>OCT. 21, 1951</b> , that I last saw the deceased alive on <b>OCT. 21, 1951</b> , and that death occurred at <b>10 A. m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Joseph F. Alving</b>		23B. ADDRESS <b>209 S. Chester St</b>		23C. DATE SIGNED <b>10/22/51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Oct 23/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Holy Rosary Cem</b>	
24D. LOCATION (City, town, or county) (State) <b>Balto. City</b>		25. FUNERAL DIRECTOR <b>Mrs Mary Webley</b>		ADDRESS <b>401 S. Chester St</b>	

0932





62/ 51 9092

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

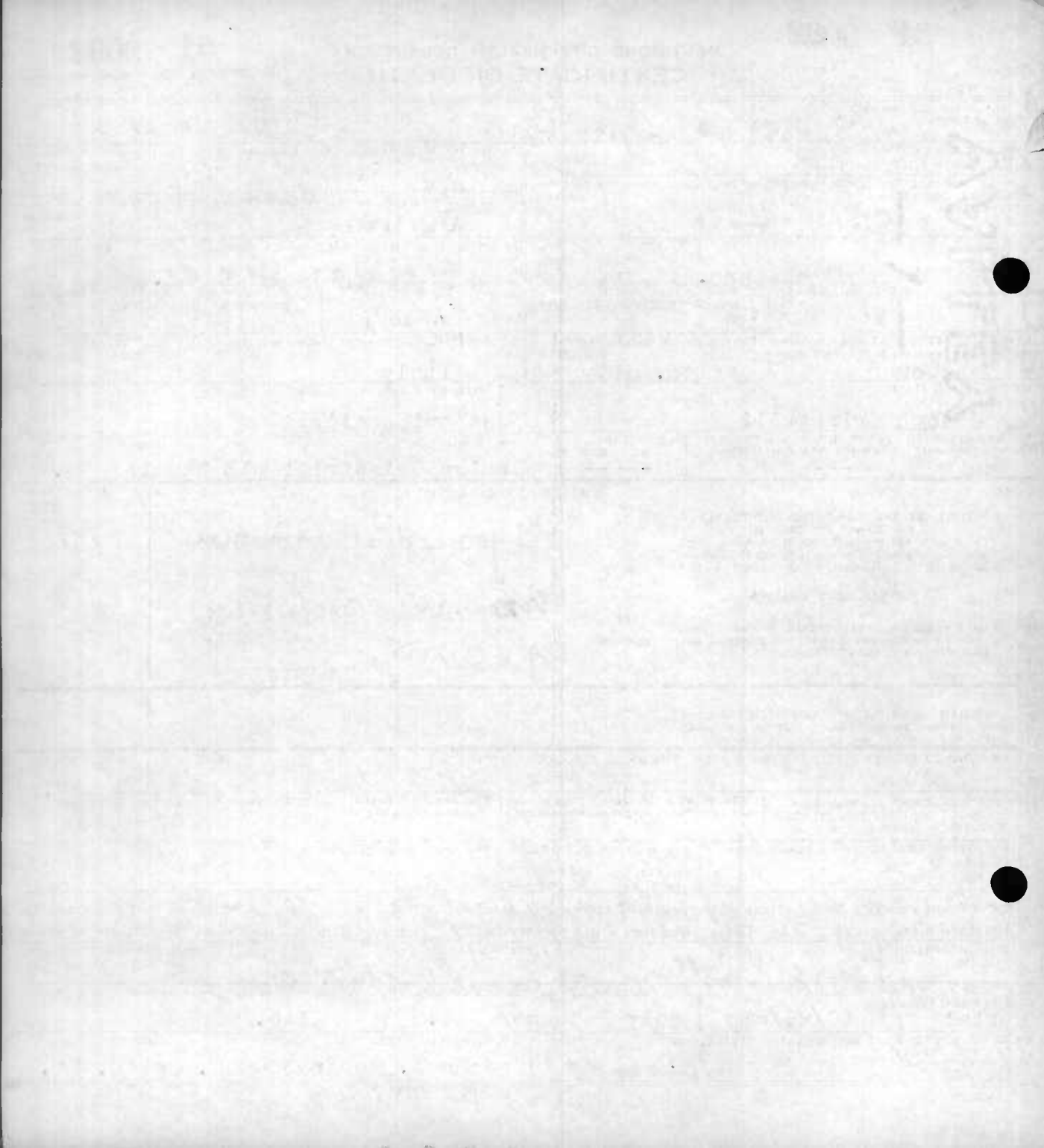
51 9092  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>Sebastian Crisafulli</b>		2. DATE OF DEATH <b>10-22-51</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>md</b> B. COUNTY <b>7</b>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Sinal Hosp</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 53-00</b>			
Length of stay in Baltimore <b>Appro. 43 yrs</b>		D. STREET ADDRESS (If rural, give location) <b>613 Wampler Rd.</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>	8. DATE OF BIRTH <b>1/20/88</b>	9. AGE (In years last birthday) <b>63</b>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Balto. City</b>		11. BIRTHPLACE (State or foreign country) <b>Italy</b>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <b>Joseph Crisafulli</b>			
14. MOTHER'S MAIDEN NAME <b>Catherine Alizzi</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>			
16. SOCIAL SECURITY NO. <b>----</b>		17. INFORMANT ADDRESS <b>Louise Crisafulli 613 Wampler Rd.</b>			
18. <b>470.1</b> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Myocardial infarction</b> DUE TO (A) ..... (B) <b>Coronary occlusion</b> DUE TO (C) <b>ASCVD</b> INTERVAL BETWEEN ONSET AND DEATH <b>9-17-51</b> ↓ II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>ASCVD</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.					
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>10-17, 1951</b> to <b>10-22, 1951</b> , that I last saw the deceased alive on <b>10-22, 1951</b> , and that death occurred at <b>7:50 a. m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Leone J. Bodler</b> M. O.		23B. ADDRESS <b>Mar Harp</b>		23C. DATE SIGNED <b>10-22-51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10/26/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Holy Redeemer Cem.</b>	
24D. LOCATION (City, town, or county) (State) <b>Balto. Md/</b>		25. FUNERAL DIRECTOR ADDRESS <b>John A. Moran 3000 E. Balto. St.</b>			

97093

Per N. Lewis

093 D



254  
51 9093BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9093

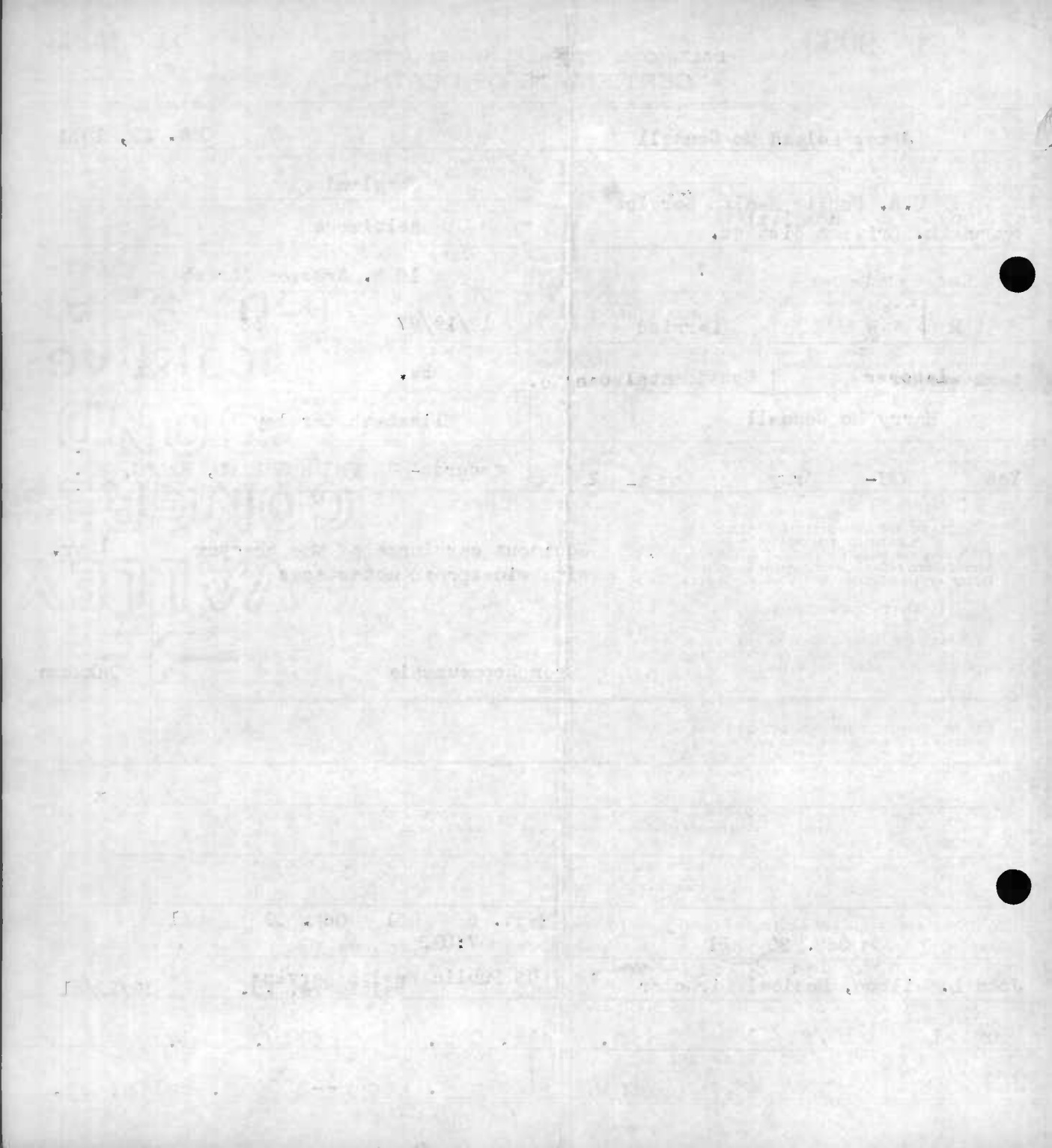
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>James Leland Mc Connell</b>		2. DATE OF DEATH <b>Oct. 20, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>U.S. Public Health Service Hospital</b> <b>Wyman Pk. Drive &amp; 31st St.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>26-44</b>	
D. STREET ADDRESS (If rural, give location) <b>16 N. Kresson Street</b>		5. SEX <b>M</b> <b>W</b>	
6. COLOR OR RACE <b>W</b>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>12/19/97</b>		9. AGE (In years last birthday) <b>53</b>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Continental Can Co.</b>	
11. BIRTHPLACE (State or foreign country) <b>Pa.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Harry Mc Connell</b>		14. MOTHER'S MAIDEN NAME <b>Elizabeth Dartley</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>Yes</b> <b>WWI</b> <b>Army</b>		16. SOCIAL SECURITY NO. <b>218-0925256</b>	
17. INFORMANT <b>Records- US PHS HOSPITAL, BALTO, MD.</b>		ADDRESS	

18. CAUSE OF DEATH <b>148X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Squamous carcinoma of the pharynx with widespread metastases</b> DUE TO (A) ... INTERVAL BETWEEN ONSET AND DEATH <b>1 yr.</b>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Bronchopneumonia</b> DUE TO (B) ... (C) ... <b>Unknown</b>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <b>2</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY <b>m.</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Sept. 5, 1951</b> , to <b>Oct. 20, 1951</b> , that I last saw the deceased alive on <b>Oct. 20, 1951</b> , and that death occurred at <b>7:50P m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>John L. Wilson, Medical Director</b>		23B. ADDRESS <b>US Public Health Service Baltimore, Md.</b>		23C. DATE SIGNED <b>10/22/51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10/24/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Balto. Nat'l. Cem.</b>	
24D. LOCATION (City, town, or county) <b>Balto. Md.</b>		24E. DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 23 1951</b>		24F. REGISTRAR'S SIGNATURE <b>Wm. H. Williams, Jr.</b>	
24G. FUNERAL DIRECTOR <b>John A. Moran--3000 E. Balto, St.</b>		24H. ADDRESS <b>Balto. Md.</b>		24I. SIGNATURE <b>Wm. H. Williams, Jr.</b>	



51 9084

BALTIMORE CITY HEALTH DEPARTMENT

51 9094

## CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Bertha Jones

2. DATE  
OF  
DEATH

Oct 20, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

MARYLAND

B. COUNTY

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

3-02

D. STREET ADDRESS (If rural, give location)

905 E. Lombard St.

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months Days  
If Under 24 Hours  
Hours Min.

FEMALE Colored

MARRIED

11-30-1891

59

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

Baltimore Md

USA

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Alfred Pratt

Elija Talbot

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.17. INFORMANT  
ADDRESS

No

No

JOHNS HOPKINS HOSPITAL

18. 330X I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

DUE TO

(A) Subarachnoid Hemorrhage

INTERVAL BETWEEN  
ONSET AND DEATH

? 1-7 days

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 19\_\_\_\_, to\_\_\_\_, 19\_\_\_\_, that I last saw the  
deceased alive on 10/20, 1951, and that death occurred at 8:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Dudley P. Jackson M.D.

JOHNS HOPKINS HOSPITAL

10/21/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

10-25-1951

Mount Auburn Cemetery Baltimore City Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 23 1951

Huntington Williams, M.D.

Joseph A. Livick 6619 W. Bane St

NOT A MEDICAL EXAMINER'S CASE

*R. Fisher*



350  
51 9095BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9095  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>WALTER SUTTON</b>		2. DATE OF DEATH <b>October 21, 1951</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>New Jersey</b> B. COUNTY <b>2-27</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Provident Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Newark</b>	
Length of stay in Baltimore <b>?</b> Yrs. <b>0</b> Mos. <b>0</b> Days <b>0</b>		D. STREET ADDRESS (If rural, give location) <b>219 Howard Street</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>C</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b>	8. DATE OF BIRTH <b>10/10/1897</b>
9. AGE (In years last birthday) <b>54</b>		10. Under 1 Year Months <b>0</b> Days <b>0</b>	11. Under 24 Hours Hours <b>0</b> Min. <b>0</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Chauffeur</b>		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>N. C.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13. FATHER'S NAME <b>Isaac Sutton</b>		14. MOTHER'S MAIDEN NAME <b>Fannie Mosely</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Mary Geter</b>		ADDRESS <b>96 S. 16th St. Newark, N. J.</b>	

18. <b>443X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Hypertensive Cardiovascular Disease</b> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT:	CAUSE OF DEATH (A) <b>Hypertensive Cardiovascular Disease</b> DUE TO (B) DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH
--	--

19A. DATE OF OPERATION <b>0</b>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

2. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <b>Stanley J. Dineen</b> M.D.	23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED <b>10/22/51</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>10/24/51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Glendale Cemetery</b>
24D. LOCATION (City, town, or county) <b>Bloomfield, N. J.</b>		(State)

DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 23 1951</b>	REGISTRAR'S SIGNATURE <b>Thurston Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>Geo. G. Kelson</b>	ADDRESS <b>1303 Presstman St.</b>
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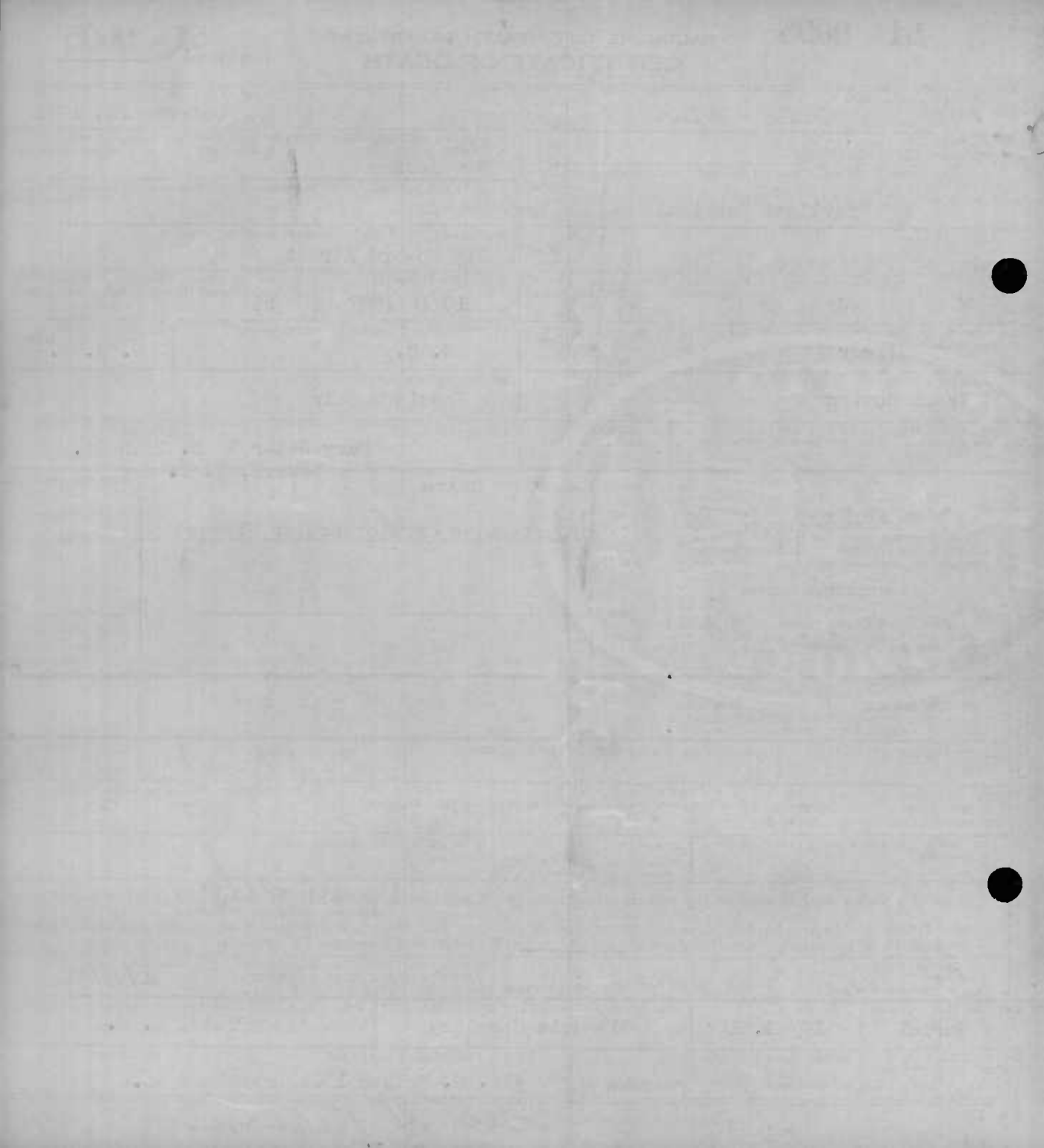
VS 151

68299

093 D

Geo. G. Kelson





51 9096

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9096  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Stillman Harris

2. DATE  
OF  
DEATH

Oct. 21, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

1105 Oakdale Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

27-14

D. STREET ADDRESS (If rural, give location)

1105 Oakdale Road

Yrs.

Mos.

Days

Length of stay in Baltimore

Lifetime

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

June 8, 1895

9. AGE (In years  
last birthday)

55

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR  
INDUSTRY

Railroad

11. BIRTHPLACE (State or foreign country)

Charles City County, Va

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

John Harris

14. MOTHER'S MAIDEN NAME

Mary Harris

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

World War I

16. SOCIAL  
SECURITY NO.

710-09-5065

17. INFORMANT

Mrs Helen Miles

ADDRESS

568 Presman St., Balt.

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONOITION CAUSING IT.

(C)

INTERVAL BETWEEN  
ONSET AND DEATHPneumonia  
Septic  
Chills

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/20/51, to 10/21/51, that I last saw the  
deceased alive on 10/20/51, and that death occurred at 4:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

W. B. Barkshire

M. D.

23B. ADDRESS

526 N. George St.

23C. DATE SIGNED

10/22/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct 24, 1951

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary

24D. LOCATION (City, town, or county)

Brooklyn, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

OCT 23 1951

REGISTRAR'S SIGNATURE

W. B. Barkshire

25. FUNERAL DIRECTOR

Charles H. Alexander

ADDRESS

1200 Melulloh

Baltimore, Md.

VS 15

(O.K. by Medical Examiner)

97050

808 A 108.0

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

*[Faint, illegible handwritten text, likely bleed-through from the reverse side of the page]*

450 JL- 110870

51 9097

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9097  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>Edward Thalheimer</b>		2. DATE OF DEATH <b>10-22-51</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Baltimore City Hospitals</b> <b>4940 Eastern Ave.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. LENGTH OF STAY IN BALTIMORE <b>Life</b>		D. STREET ADDRESS (If rural, give location) <b>729 S. Bond St.</b> <b>2-03</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>March 22, 1878</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) <b>73</b>	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Md.</b>	
13. FATHER'S NAME <b>Joseph Bond</b>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME <b>Margaret Gill</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT <b>B. C. H. Records, 4940 Eastern Ave.</b>	

18. <b>332X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cerebral Thrombosis</b> DUE TO <b>Pyelonephritis</b> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <b>?</b> <b>over 1wk.</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>2</b>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5-23-47**, 19**51**, to **Oct. 22**, 19**51**, that I last saw the deceased alive on **Oct. 22**, 19**51**, and that death occurred at **5AM** m., from the causes and on the date stated above.

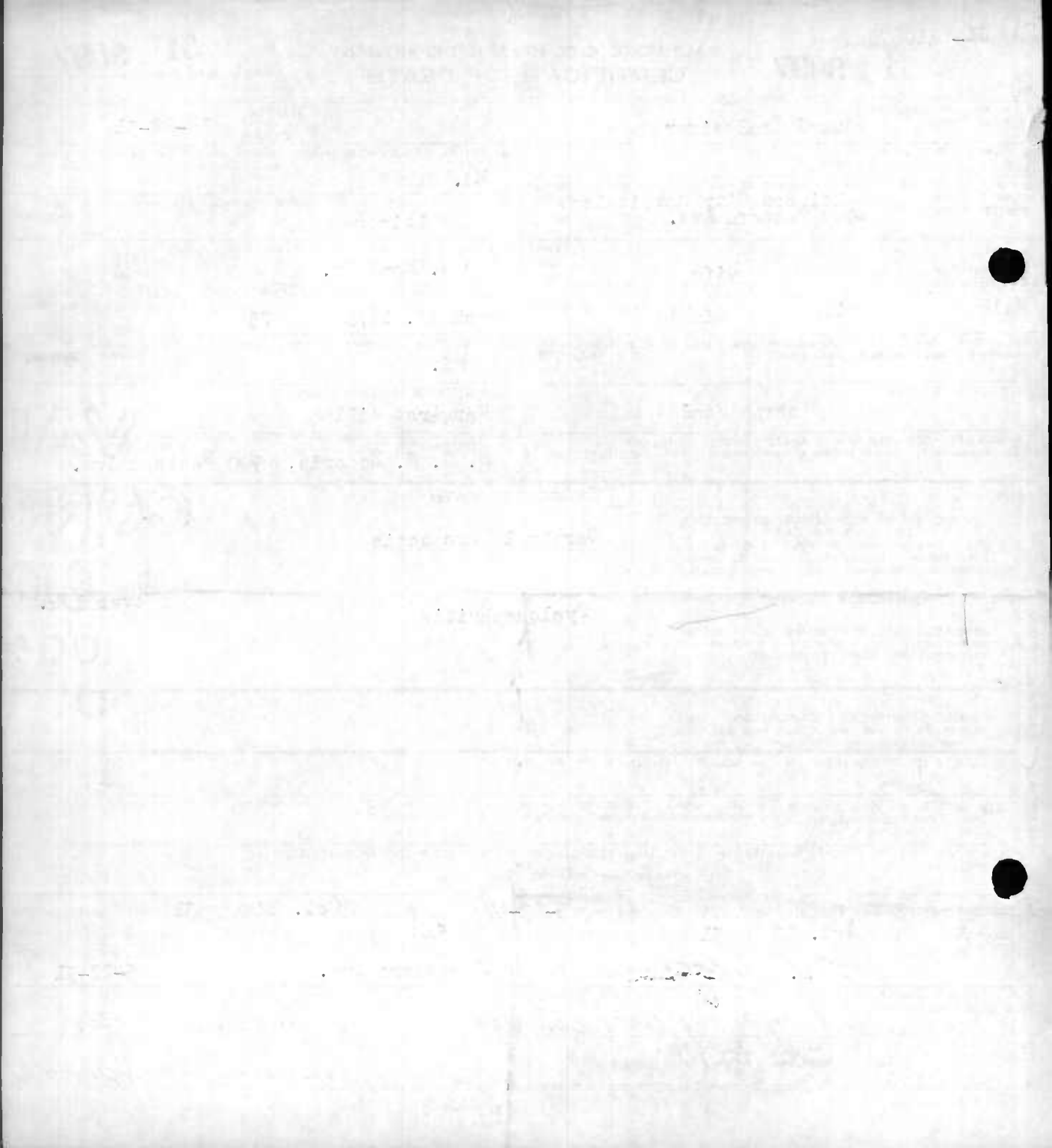
23A. SIGNATURE **J. S. Clayton** M. D. 23B. ADDRESS **4940 Eastern Ave.** 23C. DATE SIGNED **5-22-51**

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Oct 24/1951</b>	24C. NAME OF CEMETERY OR CREMATORY <b>St. Mary's Cathedral</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 23 1951</b>	REGISTRAR'S SIGNATURE <b>W. H. Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>Harry D. Arnold</b> ADDRESS <b>4204 Ridgewood Ave</b>	

VS 150

083 B

MEDICAL CERTIFICATION



51 9098

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9098

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ELIZABETH HALL

2. DATE OF DEATH

OCT 20, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland  
B. FULL NAME OF HOSPITAL OR INSTITUTION  
JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)  
A. STATE  
MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
BALTIMORE 6-04

D. STREET ADDRESS (If rural, give location)

402 N. DURHAM ST.

Length of stay in Baltimore Life Time  
Yrs. Mos. Days

5. SEX FEMALE  
6. COLOR OR RACE COLORED  
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH 5-31-1919  
9. AGE (In years last birthday) 32  
If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
House Wife  
10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)  
Balt. City  
12. CITIZEN OF WHAT COUNTRY?  
U.S.A.

13. FATHER'S NAME  
THOMAS BELL

14. MOTHER'S MAIDEN NAME  
?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)  
16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

JOHNS HOPKINS HOSPITAL

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
452X  
CENTRAL HEMORRHAGE

CAUSE OF DEATH  
(A) CENTRAL HEMORRHAGE  
DUE TO

INTERVAL BETWEEN ONSET AND DEATH  
18 hr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) CONGENITAL ANEURYSM OF ANTERIOR CEREBRAL ARTERY  
DUE TO

32 yr.

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION  
19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED  
WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-19-1951, to 10-20-1951, that I last saw the deceased alive on 10-20-1951, and that death occurred at 5 P.M., from the causes and on the date stated above.

23A. SIGNATURE  
James H. Markham M.D.

23B. JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED  
10/21/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

CT 231951

Funerary Home, 1515 McElderry St

MEDICAL CERTIFICATION

James B. Hamilton  
President of the  
Board of Directors

1894

James B. Hamilton



51 9099

ADT

51 9099

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

archie aht

2. DATE  
OF  
DEATH

10-21-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

8 S Exeter St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

3-02

D. STREET ADDRESS (If rural, give location)

8 S Exeter St

Length of stay in Baltimore

12 Yrs

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

1881

9. AGE (In years last birthday)

70 ?

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Barber

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mr Shemer 8 S Exeter St

ADDRESS

18. 443X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Cerebral accident

INTERVAL BETWEEN ONSET AND DEATH

10 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

Cardio Vascular  
by arteriosclerosis

?

CERTIFICATION APPROVED BY

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Stanley A. Demasch

M. D.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

CHIEF OR ASST. MEDICAL EXAMINER

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-21-51 to 10-21-51, that I last saw the deceased alive on 10-21-51 and that death occurred at 8:10 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

October 24, 1951

24C. NAME OF CEMETERY OR CREMATORY

Oheb Shalom Cemetery

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 23 1951

Wilmington Williams, Md

Sol Livensont Bros

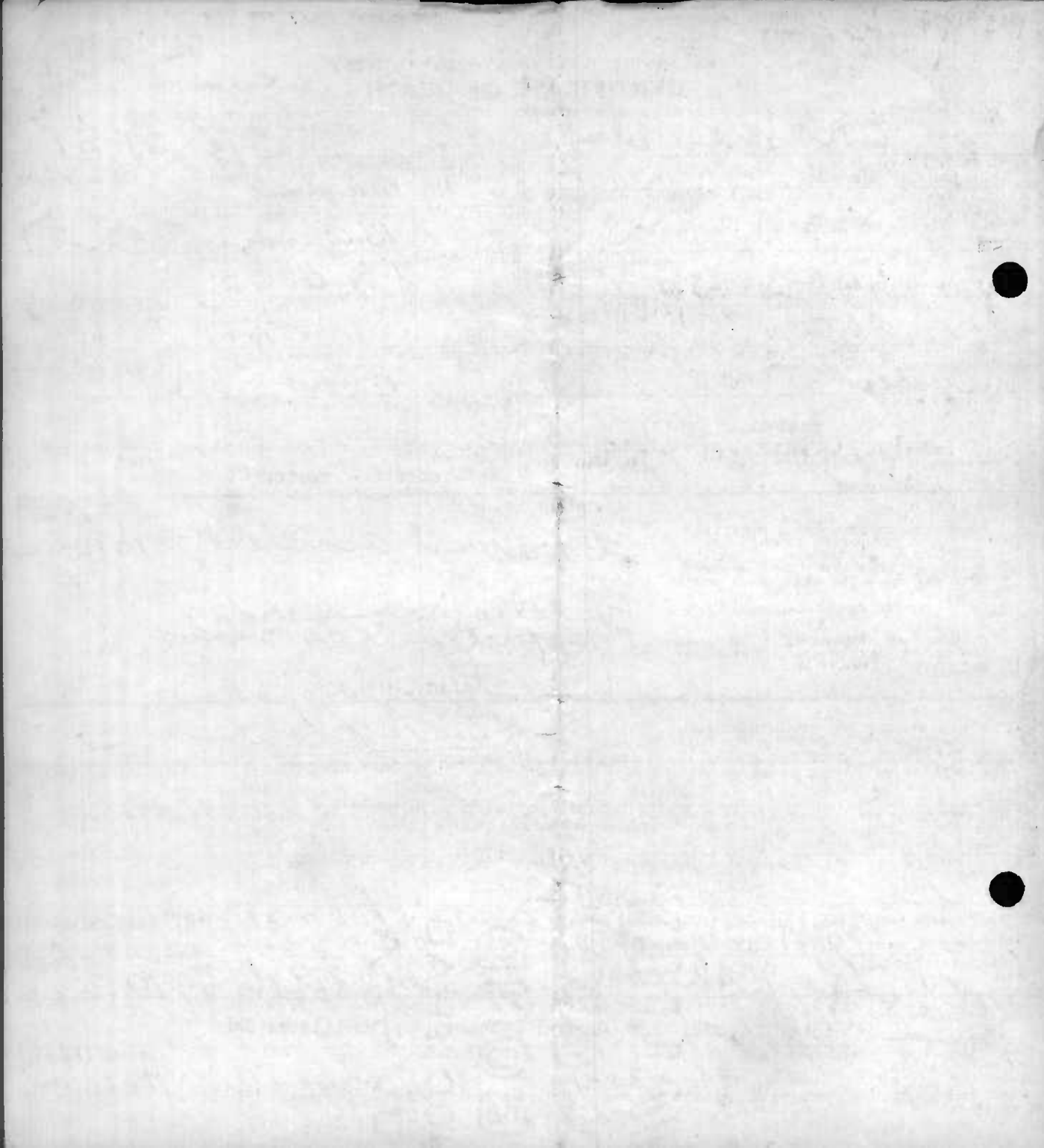
North ave

VS 150

7408F

093 D

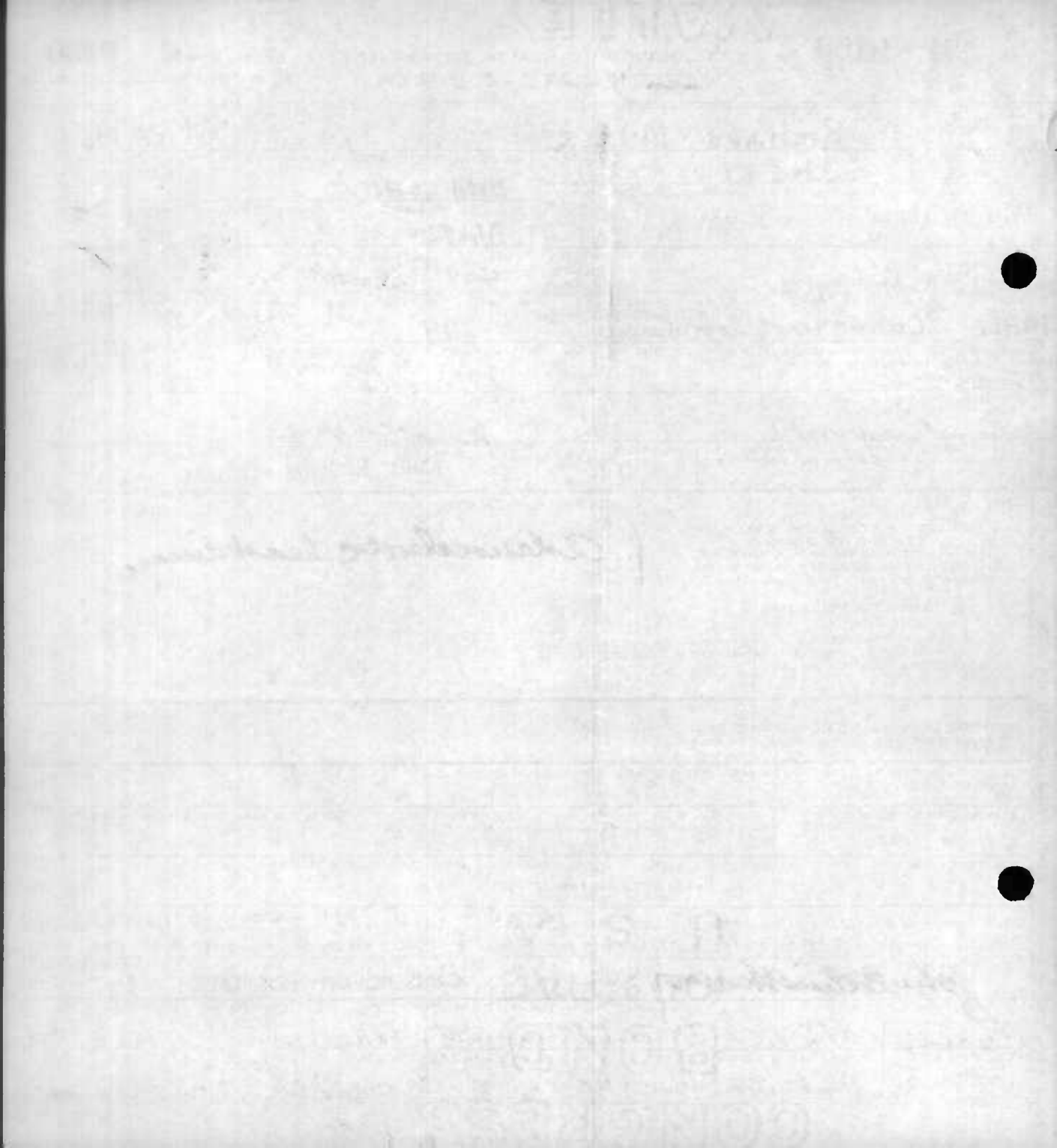
MEDICAL CERTIFICATION



460  
51 9100BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9100  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Richard Miller</b>		2. DATE OF DEATH <b>Oct 20, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>JOHNS HOPKINS HOSPITAL</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>JOHNS HOPKINS HOSPITAL</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 6-05</b>	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <b>409 CAROLINE ST.</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>COLORED</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>1879</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salon</b>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>72</b> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
13. FATHER'S NAME <b>Unknown</b>		11. BIRTHPLACE (State or foreign country) <b>Maryland</b> 12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME <b>Unknown</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <b>JOHNS HOPKINS HOSPITAL</b>	
18. <b>420.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Arteriosclerotic heart disease</b> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>10-18-</b> , 19 <b>51</b> , to <b>10-20-</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>10-20-</b> , 19 <b>51</b> , and that death occurred at <b>10</b> p.m., from the causes and on the date stated above.			
23A. SIGNATURE <b>John Calhoun Harvey</b> M. D.		23B. ADDRESS <b>JOHNS HOPKINS HOSPITAL</b>	
23C. DATE SIGNED		24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24B. DATE <b>10/24/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Hall's Memorial</b>	
24D. LOCATION (City, town, or county) (State) <b>Marley Rd. A. &amp; B. Md</b>		24E. FUNERAL DIRECTOR <b>J. S. Brown</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 23 1951</b>		REGISTRAR'S SIGNATURE <b>W. H. Williams, M.D.</b>	
25. ADDRESS <b>108 W</b>		26. ADDRESS <b>Montgomery St</b>	



51 9101

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9101

Registered No. \_\_\_\_\_

BIRTH NO. *S-600*1. NAME OF DECEASED  
(Type or Print)*Blanche A. SAUER.*2. DATE  
OF  
DEATH*Oct. 21, 1951*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION*3113 Glenmore Ave*

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE *Md.*

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*Balts.**27-04 B*

D. STREET ADDRESS (If rural, give location)

*3113 Glenmore Ave*

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

*F.*

6. COLOR OR RACE

*W.*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

*Widowed*

8. DATE OF BIRTH

*6/1/1870*

9. AGE (In years last birthday)

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

*81*

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*HOUSEWIFE*

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

*BALTIMORE*

12. CITIZEN OF WHAT COUNTRY?

*U.S.A.*

13. FATHER'S NAME

*ROBERT A. CHAMBERS*

14. MOTHER'S MAIDEN NAME

*SARAH CARTER.*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown)

*No*

(If yes, give war or dates of service)

*No*

16. SOCIAL SECURITY NO.

*NONE*

17. INFORMANT

ADDRESS

*Mr. Robert WALTON. 3113 Glenmore Ave*18. *422.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *Arteriosclerotic Cardio Vascular Disease*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from *Oct. 1950*, to *Oct 21, 1951*, that I last saw the deceased alive on *Oct 12, 1951*, and that death occurred at *2 A* m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

*Wm. H. Fusting*

M. D.

*11 E. Chase St**10-22-51*

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

*BURIAL**10/24/51**LORRAINE PARK**Windsor Mill Rd Md.*

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*OCT 23 1951**Huntington Williams**Mrs Medred J. Blight**109 Haynes Rd*

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000



51 9102

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9102

Registered No.

BIRTH NO. *A 624*1. NAME OF DECEASED  
(Type or Print)

ALICE ELIZABETH ARCHER

2. DATE  
OF  
DEATH

OCTOBER 21, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION 703 MOSHER STREET4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  
A. STATE  
MARYLAND  
B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
BALTIMORE

D. STREET ADDRESS (If rural, give location)

703 MOSHER STREET-17

14-0V

5. SEX

FEMALE

6. COLOR OR RACE

NEGRO

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)  
WIDOWYrs.  
Mos.  
Days

8. DATE OF BIRTH

JAN. 3, 1887

9. AGE (In years last birthday)

63

If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

DOMESTIC

10B. KIND OF BUSINESS OR INDUSTRY

PRIVATE FAMILY

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

DANIEL I. THOMAS

14. MOTHER'S MAIDEN NAME

SARAH M. REED

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

----

17. INFORMANT

ADDRESS

GERTRUDE H. ARCHER-703 MOSHER STREET

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
151X I  
DUE TO

(A)

Elastic Carcinoma

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  
DUE TO

(B)

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 8-15-1951, to 10-21, 1951, that I last saw the deceased alive on 10-20-1951, and that death occurred at 8:20 AM from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

OCT. 24, 1951

SAINT PETER'S CEM.

BALTIMORE, MARYLAND

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 23 1951

Funeral Home, Baltimore, Md.

Charles R. Law - 802 Madison Ave





51 9103

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9103

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Florence E. Cripps

2. DATE  
OF  
DEATH

Oct. 21, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

5. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

1412 N. Patterson Park Ave.

Yrs.  
Mos.  
Days

Length of stay in Baltimore

Life

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1412 N. Patterson Park Ave.

8. DATE OF BIRTH

July 25, 1883

9. AGE (In years  
last birthday)

68

If Under 1 Year  
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Forelady

10B. KIND OF BUSINESS OR  
INDUSTRY

Globe Venetian B. Co.

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

John T. Burns

14. MOTHER'S MAIDEN NAME

Susan Arthur

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Ave.

Mrs. J. C. McCleary 1412 Patterson Pk.

18. 442x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Subarachnoid Hemorrhage

DUE TO

INTERVAL BETWEEN  
ONSET AND DEATH

6 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Cerebro Vascular Poul  
Disease

DUE TO

1 year.

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 23, 1951, to Oct 21, 1951, that I last saw the deceased alive on Oct 20, 1951, and that death occurred at 10 15 A.M. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

10/25/51

Baltimore

Baltimore

Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 23 1951

Christina M. Williams, M.D.

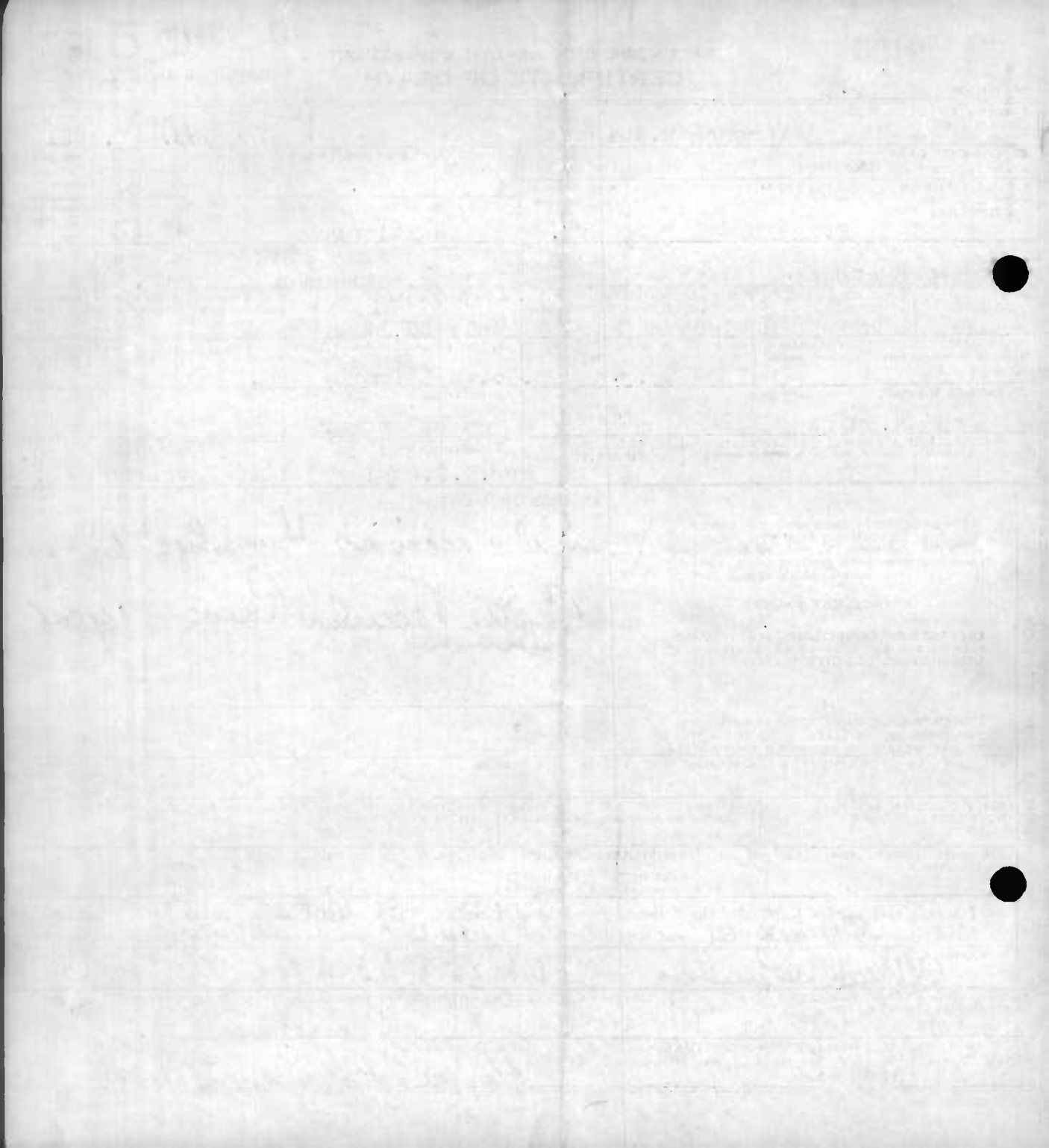
Clarence F. Hoffmann 1639 Broadway

VS 150

52333

131a

MEDICAL CERTIFICATION



51 9104

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9104

Registered No.

BIRTH NO. *U-650*1. NAME OF DECEASED  
(Type or Print)

FLORENCE

VERNAY

2. DATE  
OF  
DEATH

October 22, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

Johns Hopkins Hospital

Yrs.  
Mos.  
Days

Length of stay in Baltimore

*Life*

6. COLOR OR RACE

Female

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)*Widowed*10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)*at home*10B. KIND OF BUSINESS OR  
INDUSTRY

13. FATHER'S NAME

*Louis Migers*15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1719 Hope Street

8. DATE OF BIRTH

*Sept. 1876*9. AGE (In years  
last birthday)*75*If Under 1 Year  
Months Days Hours Min.

11. BIRTHPLACE (State or foreign country)

*Md.*12. CITIZEN OF  
WHAT COUNTRY?*U.S.A.*

14. MOTHER'S MAIDEN NAME

*Minnie Laing*

17. INFORMANT

*Ada Migers*ADDRESS  
*1631 E. 25th St*18. *422-1*

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) *Arteriosclerotic cardiovascular disease*

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (a.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

2. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

*William H. Smith*

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

23C. DATE SIGNED

*Oct. 23, 1951*

M.D.

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

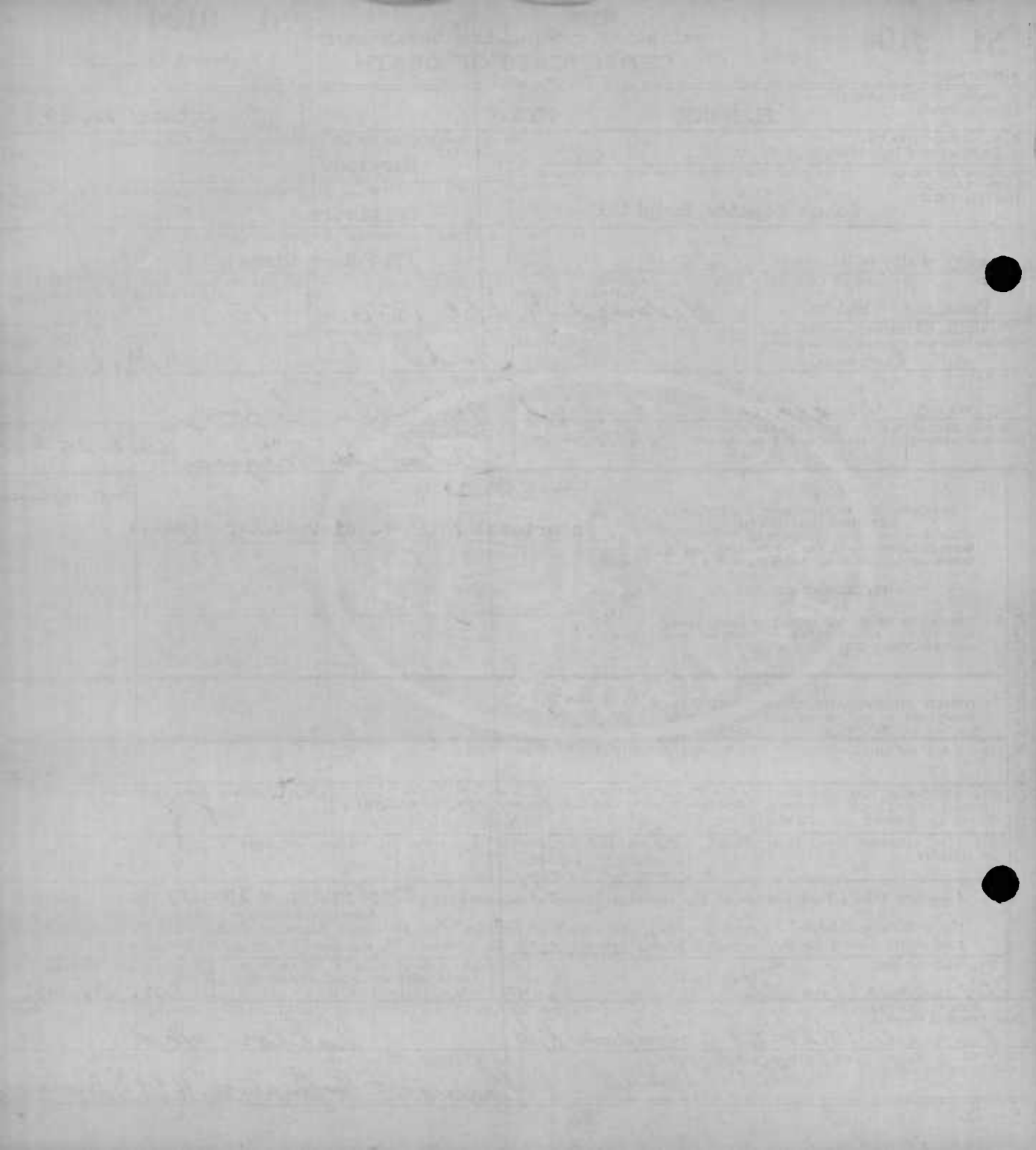
(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



B-600  
51 9105

51 9105

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Ottilie Bayer

2. DATE  
OF DEATH Oct. 22/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2205 W. Fayette St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Md.  
B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)

2205 W. Fayette St.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)  
WidowYrs.  
Mos.  
Days

30 yrs.

8. DATE OF BIRTH

July 14, 1875

9. AGE (In years last birthday)

76

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

H. W.

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Otto Dering

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mattie Oliver, 2205 W. Fayette St.

18. 420.0 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Arterio-sclerotic heart disease

6 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

none

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from May 1, 1951, to Oct. 22, 1951, that I last saw the deceased alive on Oct. 22, 1951, and that death occurred at 11 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

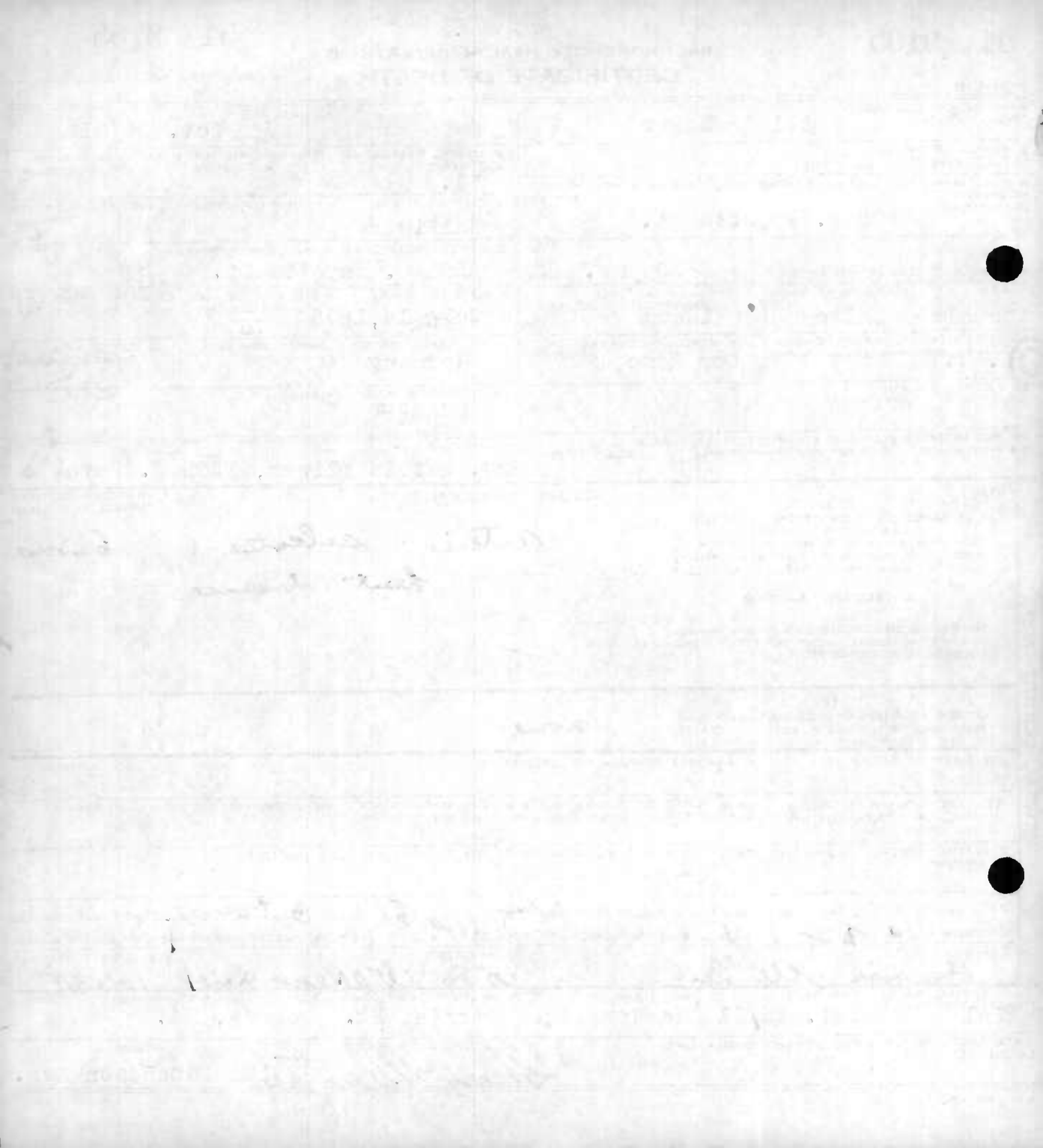
25. FUNERAL DIRECTOR

ADDRESS

VS 35051

4101 Edmondson Ave.

093 D





51 9106

51 9106

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 17-650

1. NAME OF DECEASED  
(Type or Print)

Alfred J. Ahern

2. DATE  
OF  
DEATH

Oct. 21, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTIONNursing Home  
27 N. Carey St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md.

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1104 Walnut Ave.

C. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

March 26, 1883

9. AGE (In years

last birthday)

68

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of

work done during most of working life, even if retired)

Plumber

10B. KIND OF BUSINESS OR

INDUSTRY

Union

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Ahern

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Jack Ahern, 1104 Walnut Ave.

18. 165X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Metastatic carcinoma.

DUE TO (carcinoma of the lung)

About 6  
months.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 1950, to Oct. 21, 1951, that I last saw the deceased alive on Oct. 21, 1951, and that death occurred at 12:05 m., from the causes and on the date stated above.

23A. SIGNATURE

William L. Farlick M. D.

23B. ADDRESS

2 W. Read St., Balto.-1, Md.

23C. DATE SIGNED

Oct. 22, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 24/51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town or county)

4300 Old Frederick Rd.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 23 1951

Harry H. Witzke

4101 Edmondson Ave.

de la escuela de la casa

9. 651

51 9107

51 9107

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Iola Grumbine</b>		2. DATE OF DEATH <b>OCT 21 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>JOHNS HOPKINS HOSPITAL</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>JOHNS HOPKINS HOSPITAL</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>20-08</b>	
D. STREET ADDRESS (If rural, give location) <b>118 Augusta Ave.</b>		9. AGE (In years last birthday) <b>80</b> If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.	
E. Length of stay in Baltimore <b>Life</b>		B. DATE OF BIRTH <b>6-28-71</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	10. KIND OF BUSINESS OR INDUSTRY <b>School Teacher</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		11. BIRTHPLACE (State or foreign country) <b>Balto. Md.</b>	
13. FATHER'S NAME <b>Emanuel Grumbine</b>		14. MOTHER'S MAIDEN NAME <b>Margie----</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>JOHNS HOPKINS HOSPITAL</b>		ADDRESS	

18. <b>E9030 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>FRACTURE OF HIP</b> DUE TO <b>ANTECEDENT CAUSES</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>BRIGHT'S DISEASE</b>		INTERVAL BETWEEN ONSET AND DEATH <b>21 DAYS</b>
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

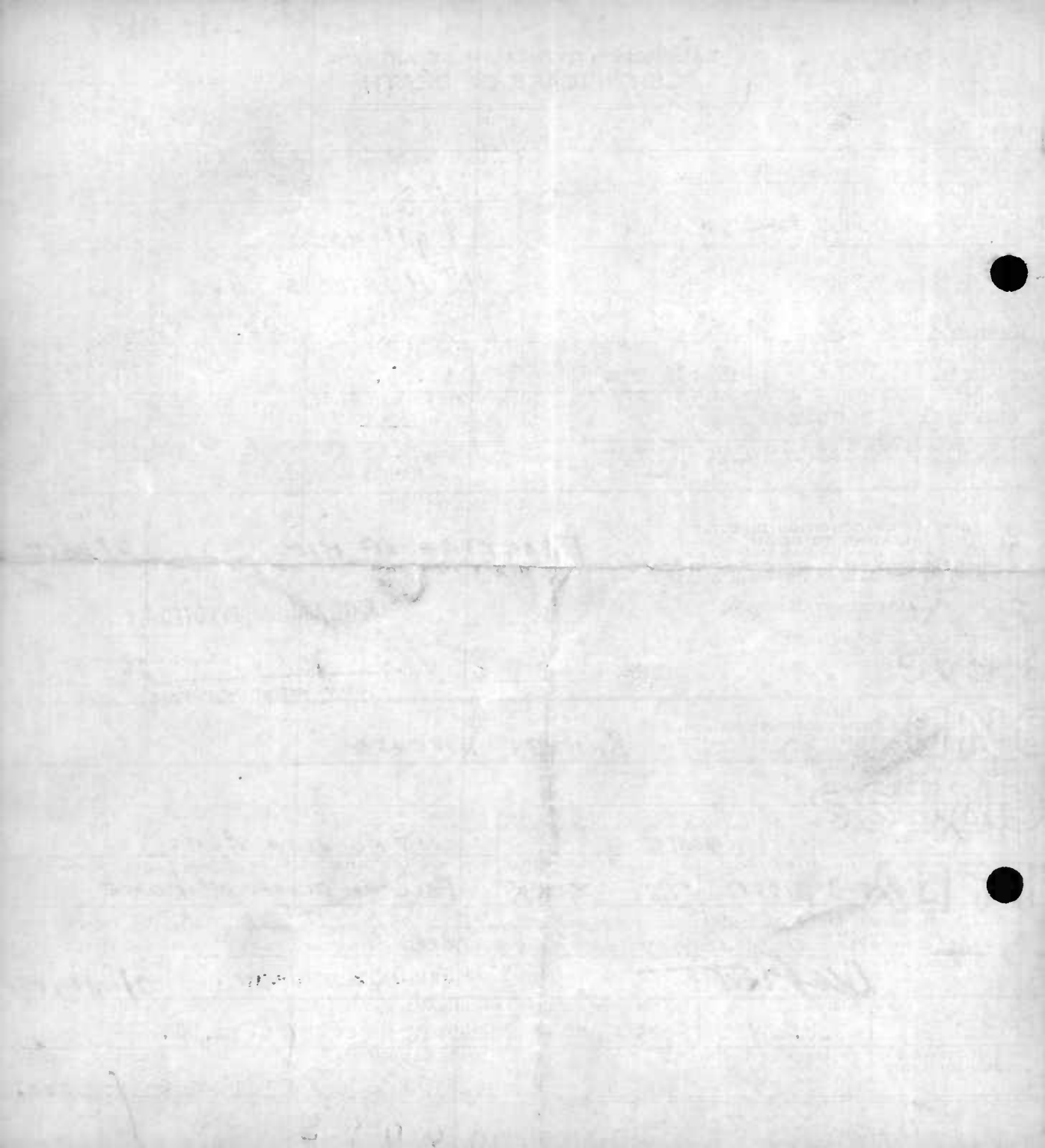
19A. DATE OF OPERATION <b>2</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>HOME</b>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>118 AUGUSTA AVE.</b>		
21D. TIME (Month) (Day) (Year) (Hour) <b>SEPT. 30, 1951</b>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <b>Slipped and FALL ON FLOOR OF HOME</b> <b>20-08</b>		
22. I hereby certify that I attended the deceased from <b>9-30-</b> , 1951, to <b>10-21-</b> , 1951, that I last saw the deceased alive on <b>10-21-</b> , 1951, and that death occurred at <b>1245 AM</b> , from the causes and on the date stated above.				
23A. SIGNATURE <b>D. P. Pratt</b>		23B. ADDRESS <b>JOHNS HOPKINS HOSPITAL</b>		23C. DATE SIGNED <b>OCT. 21, 1951</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>OCT. 24/51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Westminster Cemetery</b>	24D. LOCATION (City, town, or county) (State) <b>Westminster, Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <b>Harry N. Hutzler</b>	25. FUNERAL DIRECTOR <b>4101 Edmondson Ave.</b>	

VS 150

N-820.1 Med &amp; Released

186A

MEDICAL CERTIFICATION



51 9108

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9108  
Registered No.

BIRTH NO. C-636

1. NAME OF DECEASED  
(Type or Print)

ALICE

CARTER

2. DATE  
OF  
DEATH

October 23, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

938 N. Bond Street

7-04

Length of stay in Baltimore

Yrs.  
Mos.  
Days

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months Days  
If Under 24 Hours  
Hours Min.

Female

Colored

Widow

Sept 16, 1893

38

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....  
ASSISTANT MEDICAL EXAMINER.....  
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Oct. 23, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151

093 D 11297. Caroline St

1891

THE NEW YORK PUBLIC LIBRARY

ASTEN LENOX TILDEN FOUNDATION

APR 11 1891

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362  
51 9109

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9109  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>WILLIAM PETERSON</b>		2. DATE OF DEATH <b>October 21, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Baltimore City Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>523 S. Savage Street</b>		26-05	
5. Length of stay in Baltimore <b>25 years</b>		Yrs. Mos. Days	
6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 18, 1891</b>	
9. AGE (in years last birthday) <b>60</b>		10. Under 1 Year Months: Days	
11. Under 24 Hours Hours: Min.		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>William Peterson</b>		14. MOTHER'S MAIDEN NAME <b>Hilda ?</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>216-10-4064</b>	
17. INFORMANT <b>Mrs. Sanna Peterson</b>		ADDRESS <b>523 Savage Street 24</b>	

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Asphyxiation**  
DUE TO **Drowning**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO  
(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Boat Yard</b>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>County Markley Boat Yard, Nanico Rd., Balto.</b>
21D. TIME (Month) (Day) (Year) (Hour) <b>Month 8:30 p.m. 10/21/51</b>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <b>Slipped and fell from boat</b> 53-00

22. I certify that I took charge of the remains described above, held an **Inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <b>Stanley B. Duncanson</b> M.D.	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED <b>10/22/51</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24B. DATE <b>10/24/51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Oaklawn Cemetery</b>
24D. LOCATION (City, town, or county) <b>Baltimore, Md.</b>	(State)	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 23 1951</b>	REGISTRAR'S SIGNATURE <b>Henry Sander &amp; Sons, Inc.</b>	ADDRESS <b>BALTO., 13, MD.</b>

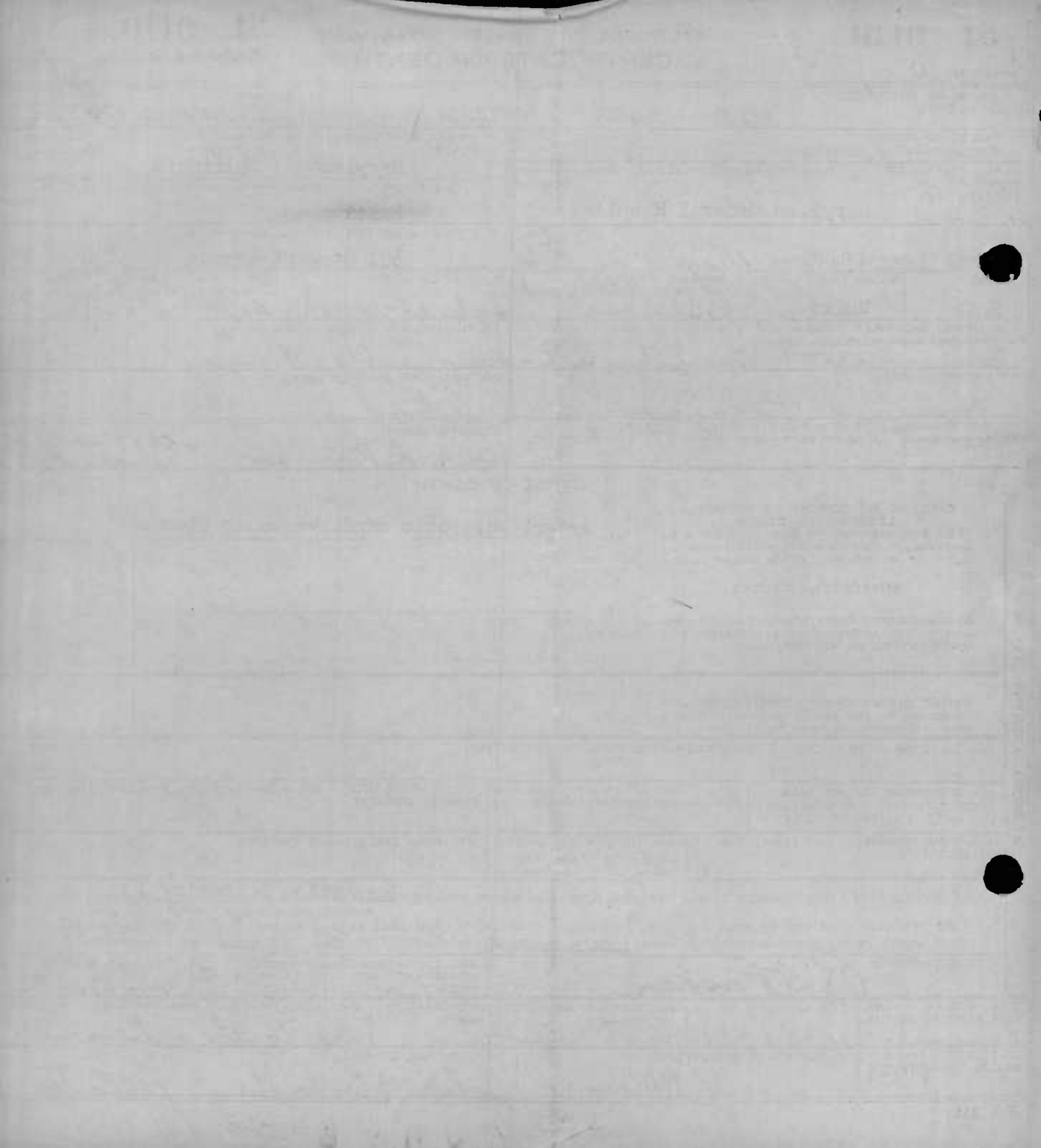
V S 151  
N-990 X 51024 183 X 183



Feet from boat while fishing.

51 9110  
R-152BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9110  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		LEIGH QUEST ROBINSON		October 22, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION Maryland General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Essex			
Length of stay in Baltimore 10 days		D. STREET ADDRESS (if rural, give location) 531 Stewart Avenue			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Sept. 15-1888	9. AGE (In years last birthday) 63	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager		10B. KIND OF BUSINESS OR INDUSTRY Recreation Center		11. BIRTHPLACE (State or foreign country) New Castle, Penn.	
13. FATHER'S NAME Howard Robinson		14. MOTHER'S MAIDEN NAME Ida. ?		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Howard Robinson	
18. 422.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Arteriosclerotic cardiovascular disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. S. Fisher		23b. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23c. DATE SIGNED Oct. 23, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 10/23/51		24C. NAME OF CEMETERY OR CREMATORY Castlevue Cem.	
DATE RECEIVED BY LOCAL REGISTRAR OCT 23 1951		REGISTRAR'S SIGNATURE W. Williams, M.D.		24D. LOCATION (City, town, or county) (State) New Castle, Penn.	
VS 151		25. FUNERAL DIRECTOR John W. Connelly		ADDRESS 418 Eastern Ave Balto. 21 - Md	



51 9110

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9111

Registered No.

BIRTH NO. *B-210*1. NAME OF DECEASED  
(Type or Print)*Frank W. Busbey*2. DATE  
OF  
DEATH*10.23.51*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

*Baltimore*B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION*Maryland General Hospital*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

*Baltimore*

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

*Baltimore*

D. STREET ADDRESS (If rural, give location)

*3221 Sp Powl St.*

Length of stay in Baltimore

*10* Yrs.  
— Mos.  
Days

5. SEX

*male*

6. COLOR OR RACE

*white*7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)*m.*

8. DATE OF BIRTH

*April 9, 1889*

9. AGE (In years

*63*

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)*Timekeeper*10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

*W. Va*12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

*Samuel Busbey*

14. MOTHER'S MAIDEN NAME

*Mary Waddel*15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

*A. W. Samson 450-2<sup>nd</sup> St. Wash. Pa.*18. *331X I*DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

(A) *coma*

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) *Cerebral Hemorrhage l.*

DUE TO

(C) *Decompensated heart*INTERVAL BETWEEN  
ONSET AND DEATH*2 days**2 weeks*

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *10.9*, 1951, to *10.23*, 1951, that I last saw the  
deceased alive on *10.23*, 1951, and that death occurred at *1:35* A. M., from the causes and on the date stated above.

23A. SIGNATURE

*Cluckey C. Vellome MD*

23B. ADDRESS

*Maryland General Hospital*

23C. DATE SIGNED

*10.23.51*24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

*Oct. 27-1951*

24C. NAME OF CEMETERY OR CREMATORY

*Washington Cem*

24D. LOCATION (City, town, or county)

*Washington Pa*DATE RECEIVED BY  
LOCAL REGISTRAR

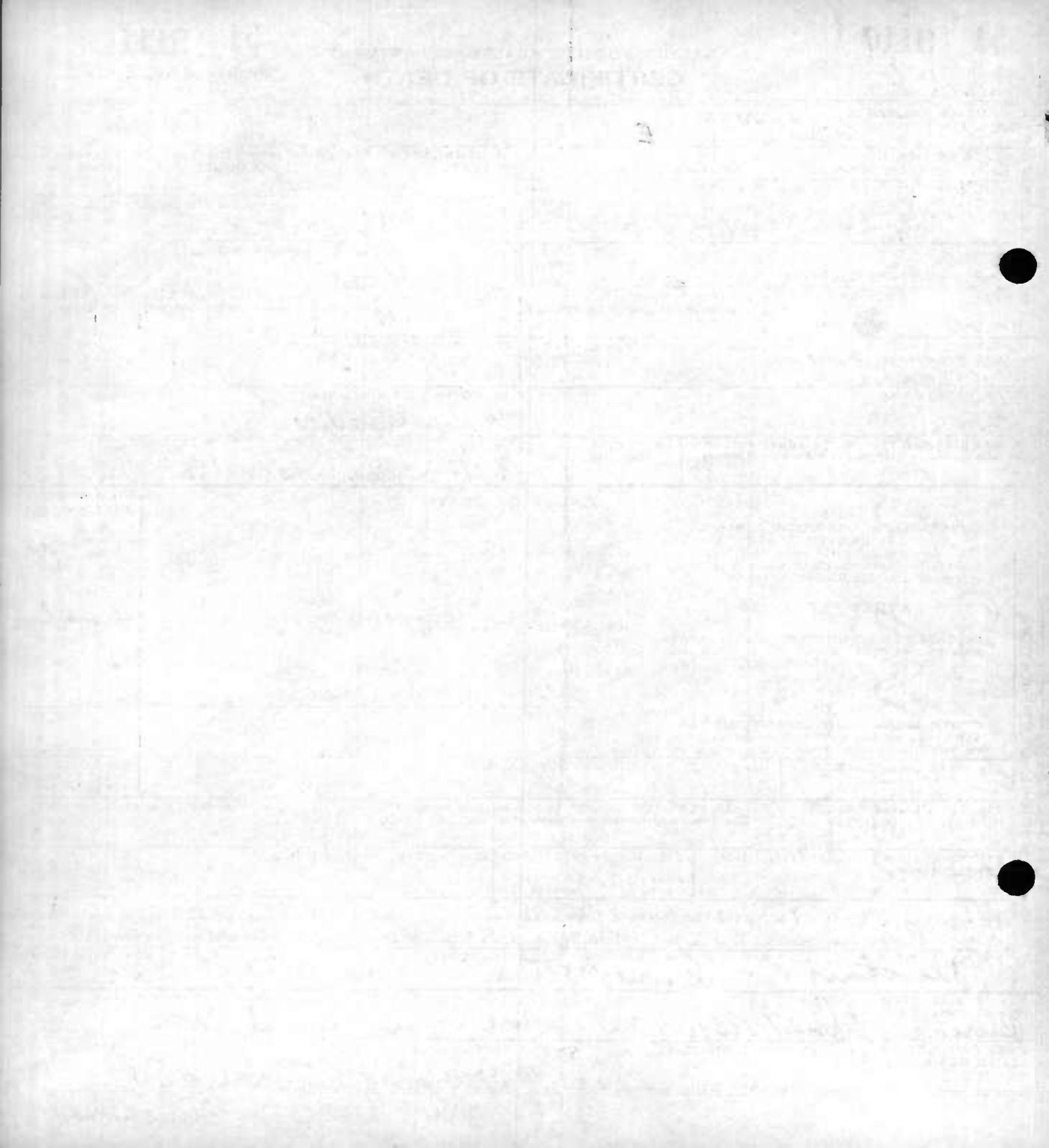
REGISTRAR'S SIGNATURE

*W. A. Williams MD*

25. FUNERAL DIRECTOR

ADDRESS

*Mr. Mrs. John D. Templeton 5311*



51 9112  
S-530BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

51 9112

BIRTH NO.		JOSEPH SMITH		2. DATE OF DEATH October 20, 1951	
1. NAME OF DECEASED (Type or Print)					
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1930 E. Lafayette Avenue 8-05			
5. SEX Male		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Mar. 11, 1904		9. AGE (in years last birthday) 47		10. UNDER 1 Year Months Days 11. UNDER 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman		10B. KIND OF BUSINESS OR INDUSTRY Penma. P.P.		11. BIRTHPLACE (State or foreign country) England	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Joseph Smith			
14. MOTHER'S MAIDEN NAME Frances Shaw		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO. 202-05-2006		17. INFORMANT Mrs. Rose Smith-1930 E. Lafayette Ave			
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Chronic bronchial asthma ANTECEDENT CAUSES Myocardial failure DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19. DATE OF OPERATION 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21. MAJOR FINDINGS OF OPERATION					
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
2. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William Updegraff		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Oct. 20, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/24/51		24C. NAME OF CEMETERY OR CREMATORY Madowidge Mem. Park	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR E.J. Fanning, Box-1304 E. Belvedere Ave.			
DATE RECEIVED BY LOCAL REGISTRAR OCT 24 1951		REGISTRAR'S SIGNATURE [Signature]			

13



350  
51 9113

51 9113

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

GEORGE MILLARD WHITNEY

2. DATE  
OF  
DEATH

OCT 21, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

712 BELGIAN AVE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MD

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO.

27-10

D. STREET ADDRESS (If rural, give location)

712 BELGIAN AVE

Length of stay in Baltimore

40 YRS.

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

MAR. 7, 1888

9. AGE (In years  
last birthday)

63

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

OPTOMETRIST

10B. KIND OF BUSINESS OR  
INDUSTRY

SELF

11. BIRTHPLACE (State or foreign country)

N.Y.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Rustin P

WHITNEY

14. MOTHER'S MAIDEN NAME

MARY E. DEWITT

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

YES

WW I

16. SOCIAL  
SECURITY NO.

17. INFORMANT

G.M. WHITNEY JR.

ADDRESS

SAME

18. 420.1 I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Acute Cardiac dilatation

INTERVAL BETWEEN  
ONSET AND DEATH

None

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Coronary thrombosis

2 years

(C)

Hypertensive Myocarditis

5 years

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1949, to Oct 21, 1951, that I last saw the deceased alive on Oct 21, 1951, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

John G. Lawrence

M. D.

23B. ADDRESS

116 E. Clare St

23C. DATE SIGNED

10/23/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

10-24-1951

24C. NAME OF CEMETERY OR CREMATORY

LOUDON PARK

24D. LOCATION (City, town, or county)

BALTO.

(State)

MD.

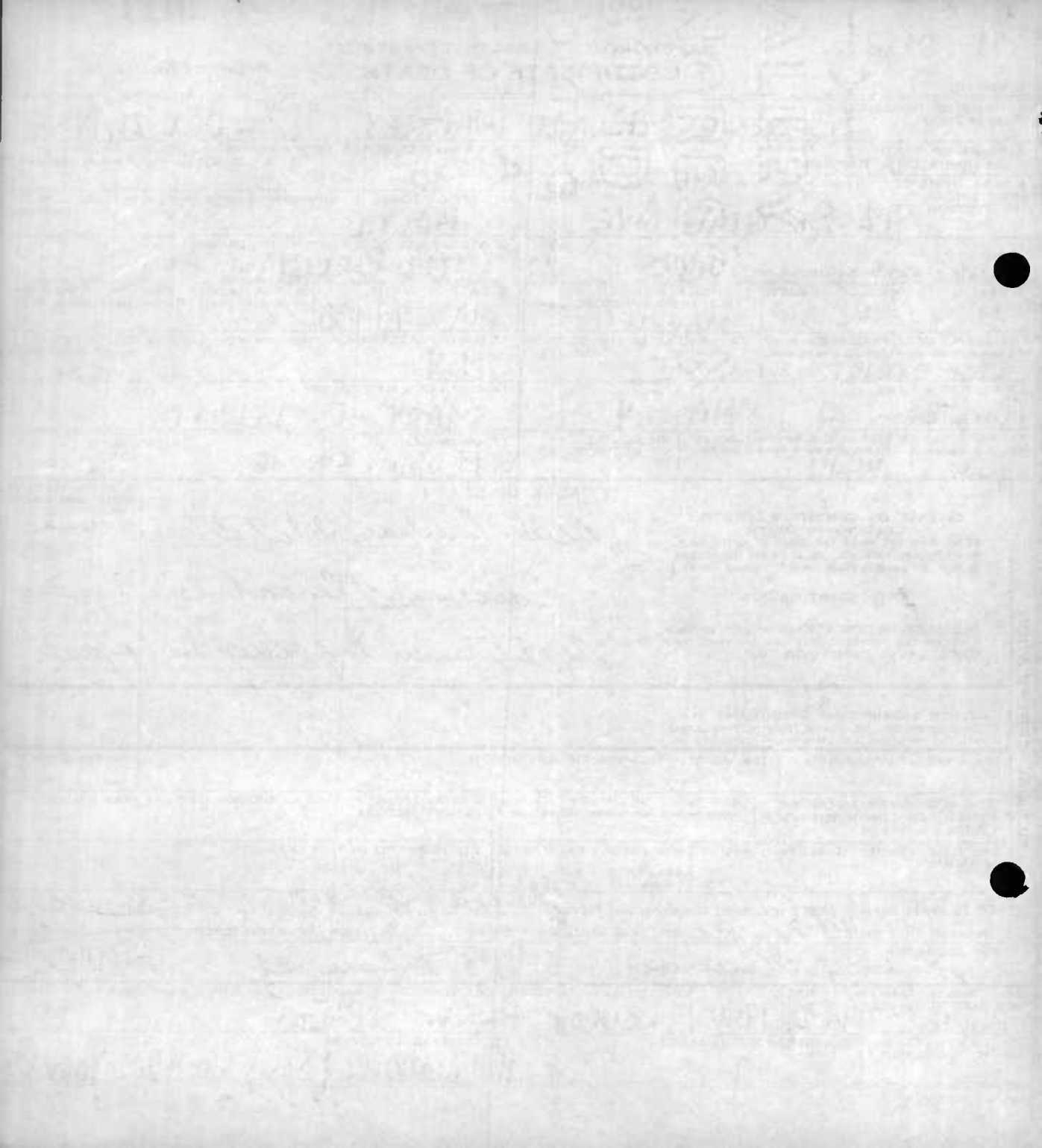
DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

H.W. JENKINS &amp; SONS Co. 4905 YORK RD



B. 200

51 9114

## BALTIMORE CITY HEALTH DEPARTMENT

51 9114

## CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Bush (Willard) Willie

2. DATE  
OF  
DEATH

10.21.57

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto. City

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

MD.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1038 Hillen St

5-02

Length of stay in Baltimore

27 yrs

Yrs.  
Mos.  
Days

5. SEX

M.

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

1886

9. AGE (In years  
last birthday)

65

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

S.C.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Walter Bush

14. MOTHER'S MAIDEN NAME

Nancy

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Fannie Bush 1038 Hillen St

18.

331X I

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

Cerebral Hemorrhage

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE  
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from 10.17. 1957, to 10.21, 1957, that I last saw the  
deceased alive on 10.21, 1957, and that death occurred at 12:57 p. m., from the causes and on the date stated above.

23A. SIGNATURE

E. Goniondres

M. D.

23B. ADDRESS

Provident Hospital

23C. DATE SIGNED

10.21.57

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

241957

Walter J. Williams, M.D.

Rayner Sanders

VS 150

217 E. Preston St 83a

MEDICAL CERTIFICATION



51 9115

51 9115

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Jay B. Cullen

2. DATE

OF

DEATH

Oct. 22, 1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)

1212 Ramblewood Road

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

Md.

b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

d. STREET ADDRESS (If rural, give location)

1212 Ramblewood Road

e. Length of stay in Baltimore

5 Wks.

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 8, 1890

9. AGE (In years  
last birthday)

61

If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.10a. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Telegrapher

10b. KIND OF BUSINESS OR  
INDUSTRY

B. &amp; O. R.R.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Jacob Hoke Cullen

14. MOTHER'S MAIDEN NAME

Aurinthia Bell

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war nr dates of service)

No

16. SOCIAL  
SECURITY NO.

248-16-5764

17. INFORMANT

ADDRESS

Capt. John B. Cullen 1212 Ramblewood

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) ARTERIOSCLEROTIC HEART DISEASE  
DUE TO [Coronary failure, chronic]

INDEF.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) GENERALIZED ARTERIOSCLEROSIS  
DUE TO none -

INDEF.

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 OCTOBER 1951, to 22 OCT 1951, that I last saw the  
deceased alive on 22 OCT 1951, and that death occurred at 10 P m., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

M. D.

1261 E. Belvedere Ave (12)

23c. DATE SIGNED

23 OCT 51

24a. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24b. DATE

10-25-1951

24c. NAME OF CEMETERY OR CREMATORY

ST. PAUL'S

24d. LOCATION (City, town, or county)

MARION

(State)

MD

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 24 1951

H. Harvey Bradshaw-Crisfield, Md.

H. Harvey Bradshaw-Crisfield, Md.

Dr. O. Hoff 2000th Ave  
Belosb



355

51 9116

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9116  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>TILGHMAN WELBY REDMOND</b>		2. DATE OF DEATH <b>October 22, 1951</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Howard</b>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Agnes Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Savage</b>			
Length of stay in Baltimore <b>8</b> Mos. Days		D. STREET ADDRESS (If rural, give location) <b>6300</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb 4, 1893</b>	9. AGE (in years last birthday) <b>58</b>	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Loom Fixer</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Cotton Mill</b>		11. BIRTHPLACE (State or foreign country) <b>Marshall, Va.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13. FATHER'S NAME <b>Welby J. Redmond</b>		14. MOTHER'S MAIDEN NAME <b>Rosa Lee Nalls</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>315-24-5313</b>		17. INFORMANT ADDRESS <b>Mrs Maude Specht</b>	
18. <b>E9000</b>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>X00000</b>		(A) <b>Skull fracture</b>			
ANTECEDENT CAUSES		(B) <b>Contusion of brain</b>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>X00000</b>		(C) <b>Fracture of left tibia</b>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>Savage, Howard County, Md.</b> <b>6300</b>	
21D. TIME (Month) (Day) (Year) (Hour) <b>October 15, 1951</b> ? m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>Slipped and fell down back steps outside of home</b>	
22. I certify that I took charge of the remains described above, held an <b>Autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <b>William H. Specht</b>		23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR <b>M.D.</b>		23C. DATE SIGNED <b>Oct. 23, 1951</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Oct 26-1951</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Savage Cem'ty</b>	
24D. LOCATION (City, town, or county) (State) <b>Savage, Md.</b>		24E. FUNERAL DIRECTOR <b>Wm. H. Specht</b>		24F. ADDRESS <b>186a Laurel Ave</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>Oct 24 1951</b>		REGISTRAR'S SIGNATURE <b>William H. Specht</b>		5434E	
VST 151		N-804.2			

MEDICAL CERTIFICATION



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51 9117

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9117

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Elsie Spencer

2. DATE  
OF  
DEATH

Oct. 21, 1951

3. PLACE OF DEATH

A. Baltimore City, Maryland 265 McCarley St.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

265 Mc Carley St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

265 Mc Carley St.

Length of stay in Baltimore

63

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

July 7, 1888

9. AGE (In years last birthday)

63

10. If Under 1 Year Months Days

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

14. MOTHER'S MAIDEN NAME

Mary Fendell

13. FATHER'S NAME

Frank Ellenburger

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

1 year

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

INJURY

m.

WHILE AT WORK

NOT WHILE AT WORK

22. I hereby certify that I attended the deceased from Nov. 2, 1950, to Oct. 21, 1951, that I last saw the deceased alive on Oct. 21, 1951, and that death occurred at 1:05 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 24 1951

VS 150

477

MEDICAL CERTIFICATION

Oct 21/93

See Mr. Gault's list

See Mr. Gault's list

See Mr. Gault's list

See Mr. Gault's list

Frank C. Gault

Frank C. Gault

51 9118

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9118  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Gertrude Catherine Lenox</b>			2. DATE OF DEATH <b>October 23 1951</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) <b>108 South CALVERTON ROAD</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 20-04</b>		
D. STREET ADDRESS (If rural, give location) <b>108 S. CALVERTON ROAD</b>			E. LENGTH OF STAY IN BALTIMORE <b>58</b> Yrs. Mos. Days		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>NOVEMBER 4, 1892</b>	9. AGE (In years last birthday) <b>58</b>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>		
11. BIRTHPLACE (State or foreign country) <b>MARYLAND</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13. FATHER'S NAME <b>George Bonhoff</b>			14. MOTHER'S MAIDEN NAME <b>Catherine Little</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) <b>No</b>			16. SOCIAL SECURITY NO. <b>NONE</b>		
17. INFORMANT <b>MR Joseph Lenox, 108 S. CALVERTON</b>			ADDRESS		

MEDICAL CERTIFICATION

18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CORONARY INFARCTION</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 hour</b>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>(A) CORONARY ARTERIOSCLEROSIS</b> <b>(B) HYPERTROPHY (CARDIAC)</b> <b>(C) AND HYPERTENSION</b>			<b>?</b> <b>15 years</b>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>CHRONIC ARTERIOSCLEROTIC NEPHROSIS</b>			<b>20 years</b>		
19A. DATE OF OPERATION <b>10-26-51</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>JANUARY 10, 1948</b> to <b>OCTOBER 23, 1951</b> , that I last saw the deceased alive on <b>OCTOBER 19, 1951</b> , and that death occurred at <b>4:45 PM</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Melvin N. Borden</b>		23B. ADDRESS <b>5000 OLD FREDERICK RD.</b>		23C. DATE SIGNED <b>10/23/51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>10-26-51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>NEW CATHEDRAL</b>	
24D. LOCATION (City, town, or county) (State) <b>BALTIMORE, Md.</b>		25. FUNERAL DIRECTOR <b>Geo. L. Schwab</b>		ADDRESS <b>2101 Frederick Ave</b>	

STATE OF NEW YORK  
CERTIFICATE OF DEATH

NAME OF DECEASED		AGE		SEX		RACE		DATE OF DEATH		PLACE OF DEATH	
DATE OF BIRTH		PLACE OF BIRTH		EDUCATION		OCCUPATION		MARRIAGE		RELIGION	
CAUSE OF DEATH		MANNER OF DEATH		MEDICAL ATTENDANT		CORONER		BURIAL		FUNERAL	
SIGNATURE OF DECEASED		SIGNATURE OF WITNESS		SIGNATURE OF MEDICAL ATTENDANT		SIGNATURE OF CORONER		SIGNATURE OF BURIAL		SIGNATURE OF FUNERAL	
DATE OF SIGNATURE		PLACE OF SIGNATURE		DATE OF SIGNATURE		PLACE OF SIGNATURE		DATE OF SIGNATURE		PLACE OF SIGNATURE	

650  
51 9119BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9119

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

LILLIE TURNER

2. DATE  
OF  
DEATH

Oct 23, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

A-2

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

MARYLAND

B. COUNTY

Cecil

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

CECILTON

D. STREET ADDRESS (If rural, give location)

5700

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

FEMALE

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

2-22-93

9. AGE (in years  
last birthday)

58

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Cecilton Md.

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Debby Emerson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

112-30-3427

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)(A) .....  
DUE TOCarcinoma of the  
Cervix uteriINTERVAL BETWEEN  
ONSET AND DEATH

6 mo

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) .....  
DUE TO  
(C) .....

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-17-1951, to 10-23-1951, that I last saw the  
deceased alive on 10-23-1951, and that death occurred at 1238 Am., from the causes and on the date stated above.

23A. SIGNATURE

Lucien L. Cozuek M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

10/23/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

Oct 27/1951

24C. NAME OF CEMETERY OR CREMATORY

Cecilton Cem.

24D. LOCATION (City, town, or county)

Cecilton

(State)

Md.

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

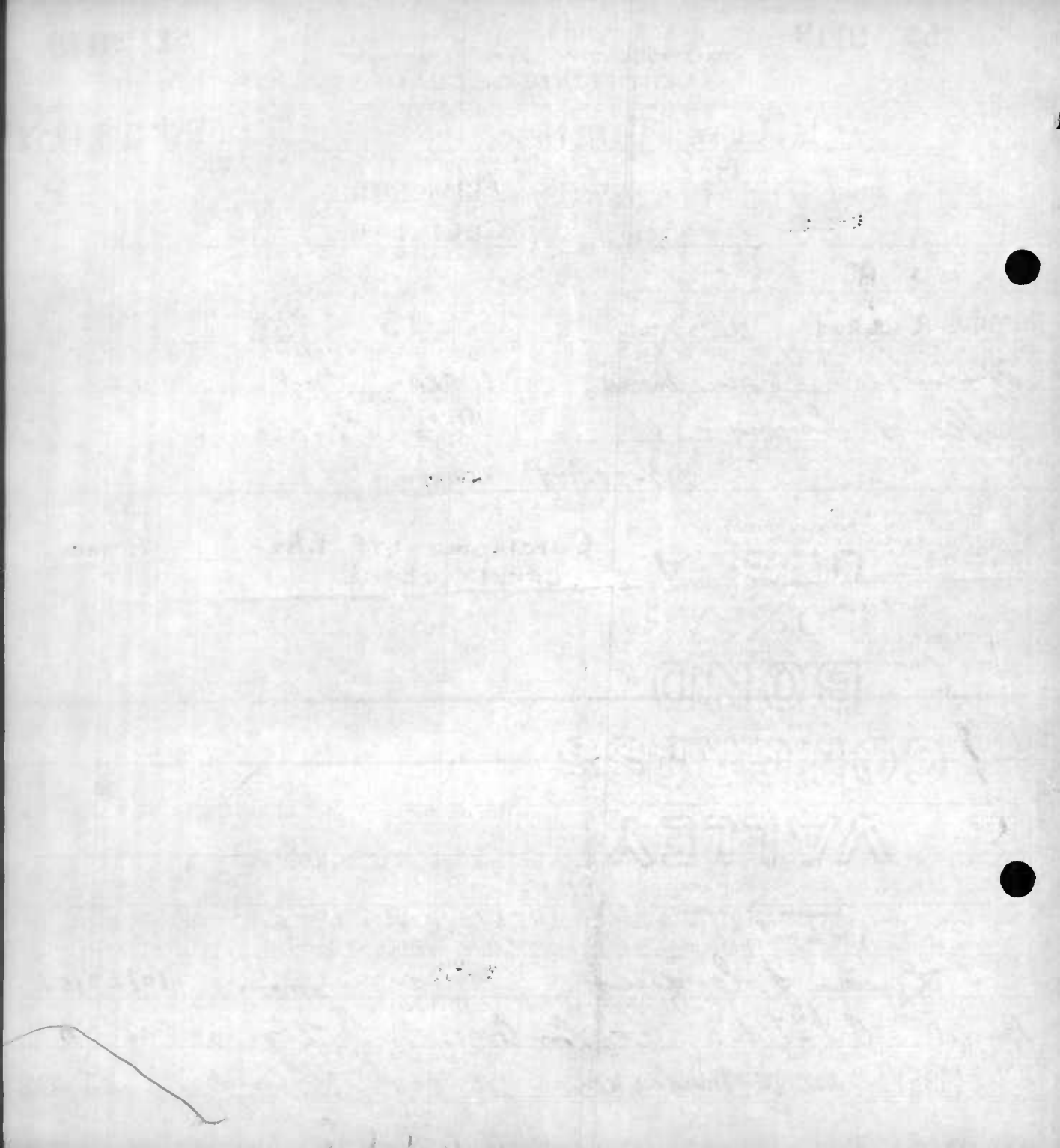
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Edward Yellowe Wellington Md.







51 9120

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9120

Registered No. 5855

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <b>Addie Smallwood</b>			2. DATE OF DEATH <b>10/20/51</b>			
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>912 N. Calhoun St.</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Balto.</b>						
5. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore .</b>						
6. Length of stay in Baltimore <b>Lifetime</b>			D. STREET ADDRESS (If rural, give location) <b>912 N. Calhoun St.</b>						
5. SEX <b>F.</b>	6. COLOR OR RACE <b>N.</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>S.</b>	8. DATE OF BIRTH <b>Dec. 26, 1911</b>			9. AGE (In years last birthday) <b>39 40</b>		10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <b>Baltimore, Maryland</b>			12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>John Smallwood</b>			14. MOTHER'S MAIDEN NAME <b>Addie Ballard</b>			17. INFORMANT <b>Viola Knox</b>			ADDRESS <b>912 N. Calhoun St.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>			16. SOCIAL SECURITY NO. <b>---</b>						

18. <b>490 X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) <b>Lobar Pneumonia</b>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
II		(B) <b>Hypostatic</b>			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		DUE TO <b>11.</b>			
		<b>Hypertensive Type Heart Disease</b>			
		<b>Hemiplegia (left)</b>			
19A. DATE OF OPERATION <b>none</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <b>no</b>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>none</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Oct. 17**, 19**51** to **Oct. 20**, 19**51** that I last saw the deceased alive on **Oct. 20**, 19**51**, and that death occurred at **10:45 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE **Wm. B. Bikes** M. D. 23B. ADDRESS **601 N. Calhoun St.** 23C. DATE SIGNED **10/22/51**

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Oct 25/51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mt Zion Cemetery</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 24 1951</b>	REGISTRAR'S SIGNATURE <b>Wm. B. Bikes</b>	25. FUNERAL DIRECTOR <b>Brooks Ruggles</b>	
VS 150		ADDRESS <b>1463 N. Carey</b>	

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552  
51 9121BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

51 9121

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ANDREW JACKSON, SIMMONS

2. DATE  
OF  
DEATH

Oct. 23, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR U.S. Public Health Service location)  
INSTITUTION Hospital

Wyman Pk. Drive &amp; 31st St.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

New York

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Bronxville (Westchester County)

D. STREET ADDRESS (If rural, give location)

11 Bronxville Road

C. Length of stay in Baltimore

2 days

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

2/16/96

9. AGE (In years

last birthday)

55

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Chief Eng.

10B. KIND OF BUSINESS OR  
INDUSTRY

Seafarer

11. BIRTHPLACE (State or foreign country)

N.C.

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

091-14-3752

17. INFORMANT

ADDRESS

Records- US PHS HOSPITAL, Balto, Md.

18. H 20.1 I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Pulmonary edema

INTERVAL BETWEEN  
ONSET AND DEATH

at least 2 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Myocardial infarction

at least 2 days

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 21, 1951, to Oct. 23, 1951, that I last saw the  
deceased alive on Oct. 23, 1951, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

US PHS HOSPITAL, BALTO, MD.

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Removal

24B. DATE

October 27, 51

24C. NAME OF CEMETERY OR CREMATORY

WOODLAWN Cem.

24D. LOCATION (City, town, or county)

Bronx N.Y.

(State)

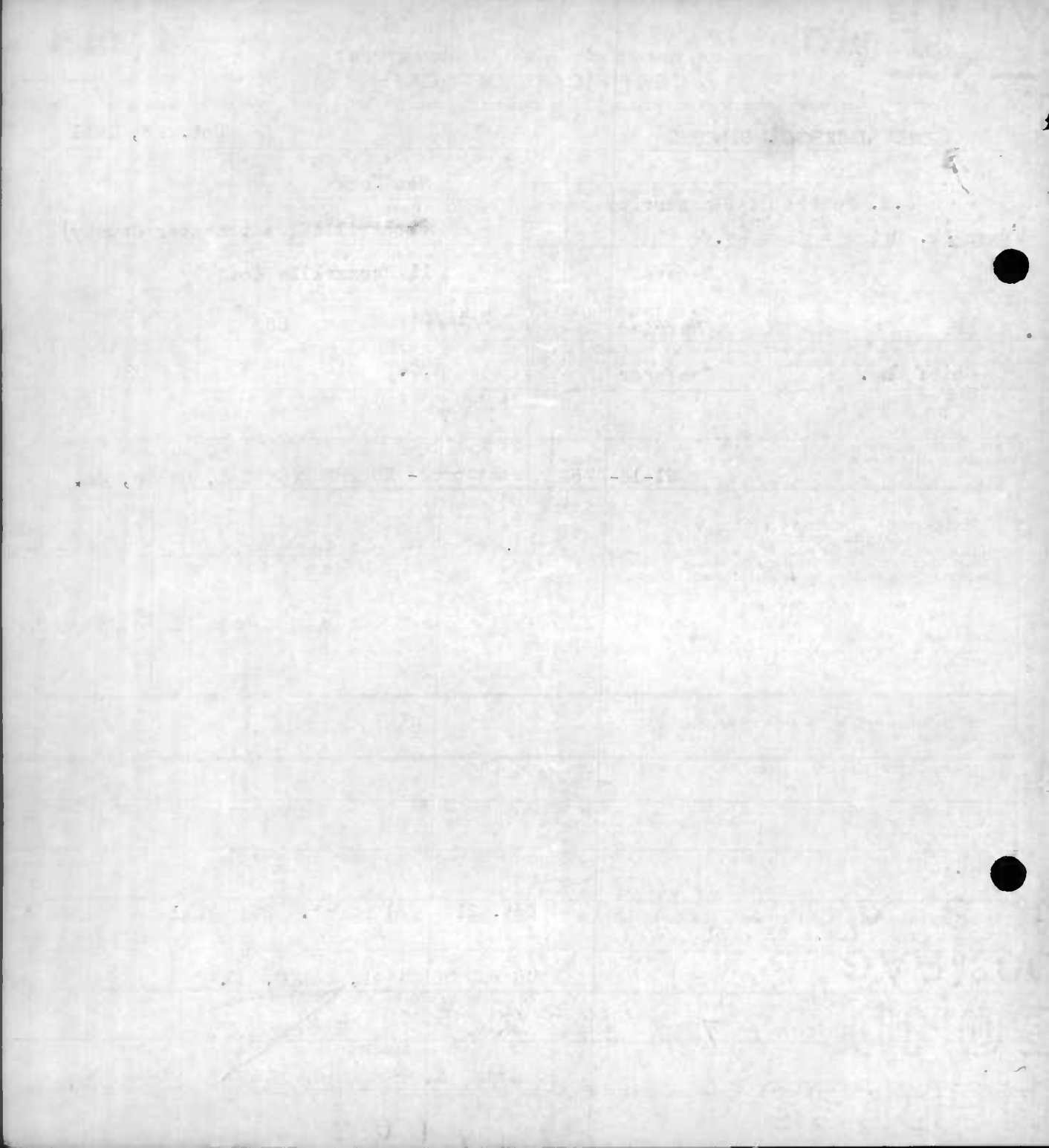
DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Paul A. Heemann 6067 Harford Rd.



51 9122

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9122

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Carter Murphy</i>		2. DATE OF DEATH <i>Oct 21, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE <i>md.</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Johns Hopkins Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
Length of stay in Baltimore <i>About 10</i>		D. STREET ADDRESS (If rural, give location) <i>2433 W. N. Avenue</i>			
5. SEX <i>M</i>	6. COLOR OR RACE <i>bal.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>7/26/1877</i>	9. AGE (In years last birthday) <i>74</i>	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Lord Matt Coning for Cannery</i>		11. BIRTHPLACE (State or foreign country) <i>Lewisburg, N. C.</i>	
13. FATHER'S NAME <i>George Murphy</i>		14. MOTHER'S MAIDEN NAME <i>Emma Washington</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>239-12-5385</i>		17. INFORMANT ADDRESS <i>Eula Murphy 2433 W. N. Ave.</i>	

18. *E812.4 I*  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
CAUSE OF DEATH  
(A) *Skull Fracture*  
~~DE TO~~

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  
(B) *Broncho pneumonia*  
~~DE TO~~  
(C) *Uremia*

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIB. UTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Street</i>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>Caroline Street near Madison Street 7/5</i>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>Oct. 10, 1951 7:55 P.m.</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <i>Pedestrian struck by auto</i>	

22. I certify that I took charge of the remains described above, held an *Autopsy* thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William Updell</i>		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED <i>Oct 21 1951</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>10-24-1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Calvary Cem.</i>	
DATE RECEIVED BY REGAL REGISTRAR <i>OCT 24 1951</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr.</i>		25. FUNERAL DIRECTOR ADDRESS <i>Randolph J. Goffick 1532 E. Biddle St.</i>	

VS 151

N-803.2

97042

170c

MEDICAL CERTIFICATION

1. Name of the plant: *...*  
2. Name of the collector: *...*  
3. Date of collection: *...*  
4. Locality: *...*  
5. Description of the plant: *...*  
6. Use of the plant: *...*  
7. Remarks: *...*

8. Name of the collector: *...*  
9. Date of collection: *...*  
10. Locality: *...*  
11. Description of the plant: *...*  
12. Use of the plant: *...*  
13. Remarks: *...*

14. Name of the collector: *...*  
15. Date of collection: *...*  
16. Locality: *...*  
17. Description of the plant: *...*  
18. Use of the plant: *...*  
19. Remarks: *...*

20. Name of the collector: *...*  
21. Date of collection: *...*  
22. Locality: *...*  
23. Description of the plant: *...*  
24. Use of the plant: *...*  
25. Remarks: *...*

51 9123

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9123

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Joseph Waigard

2. DATE  
OF  
DEATH

10/23/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

Maryland

B. COUNTY

Anne Arundel

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

South Baltimore General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Glen Burnie

D. STREET ADDRESS (If rural, give location)

29 Greenway

5200

Yrs.  
Mos.  
Days

Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

AUGUST 26-1876 75

9. AGE (In years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Michael Waigard

14. MOTHER'S MAIDEN NAME

Catherine Bremmond

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

HOSPITAL RECORD 1219 LIGHT ST

18. 181X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Hypertension and  
dehydration

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

Urinary obstruction

(C)

Carcinoma of bladder

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Coronary arteriosclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from 10/1/51, 19\_\_, to 10/23/51, 19\_\_, that I last saw the  
deceased alive on 10/23/51, 19\_\_, and that death occurred at 10:25 P. m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

1213 Light St.

23C. DATE SIGNED

10/24/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

OCT. 27-51

HOLT CROSS CEM A A CO

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 24 1951

Huntington Williams, M.D.

Bernard C. Hulse 1215 West 88



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9124 CERTIFICATE CORRECTED

10-29-51

Dr. Campbell

51

9124

## BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Elwood Odo Gaskin

2. DATE  
OF  
DEATH

Oct. 22, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

1115 Park Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1115 Park Ave. 11-02

5. SEX

male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Self-employed

8. DATE OF BIRTH

Aug. 22, 1877

9. AGE (In years  
last birthday)

74

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Barber

10B. KIND OF BUSINESS OR  
INDUSTRY

Self-employed

11. BIRTHPLACE (State or foreign country)

Haymarket, Va

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS 1115

Mrs. Clementine St. Gaskin

Park Ave.

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Carcinoma of the prostate 14 months

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg, etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT  
WORK ☐ NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from 11-6-1950, to 10-22-1951, that I last saw the  
deceased alive on 10-20-1951, and that death occurred at 6:20 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Campbell

M. D.

23B. ADDRESS

718 Dolphin St.

23C. DATE SIGNED

10-23-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

Oct. 25, 1951

24C. NAME OF CEMETERY OR CREMATORY

Ardenwood Mem. Pk.

24D. LOCATION (City, town, or county) (State)

Bald, W. Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

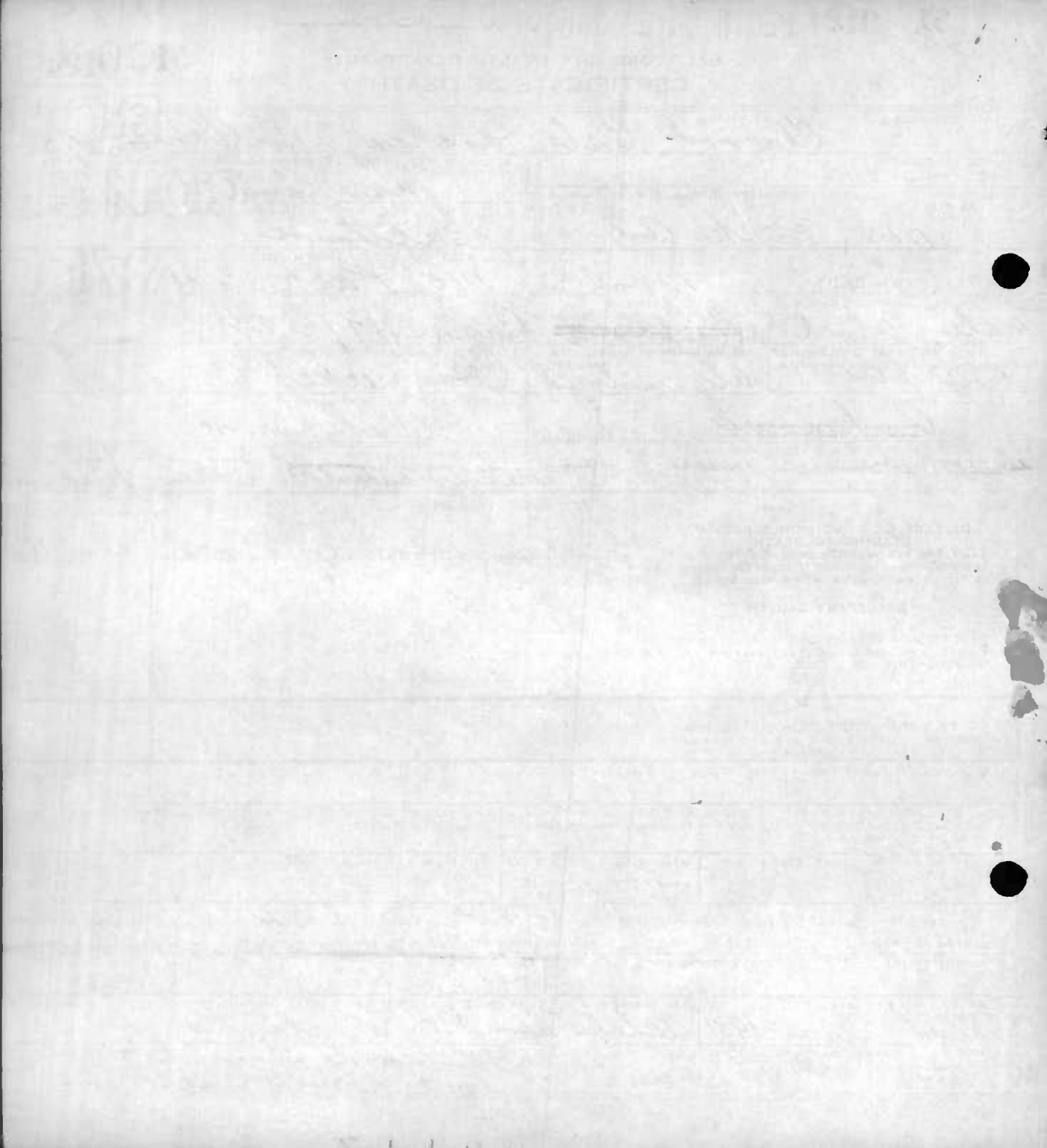
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Stallard Funeral Home

ADDRESS

1631 Druid Hill Ave.



51 9125

51 9125

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Charles Key

2. DATE  
OF  
DEATH

Oct. 23, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, If institution: residence  
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

D. STREET ADDRESS (If rural, give location)

2023 Druid Hill Ave

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male Colored

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

2-3-02

9. AGE (In years  
last birthday)

49

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Professor

10B. KIND OF BUSINESS OR  
INDUSTRY

teaching

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

John Key

14. MOTHER'S MAIDEN NAME

Lucy Payne

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 451X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) Rupture of abdominal aorta

8 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Hypertensive cardiovascular renal disease

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Uremia

6 days

19A. DATE OF OPERATION

10-15-51

19B. MAJOR FINDINGS OF OPERATION

Rupture of abdominal aorta

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/15/1951, to 10/23/1951, that I last saw the  
deceased alive on 10/23/1951, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23. SIGNATURE

Dwight O. McLean

23B. ADDRESS

M. D.

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

10-23-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Cremation

24B. DATE

Oct. 27, 1951

24C. NAME OF CEMETERY OR CREMATORY

Landon Park

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

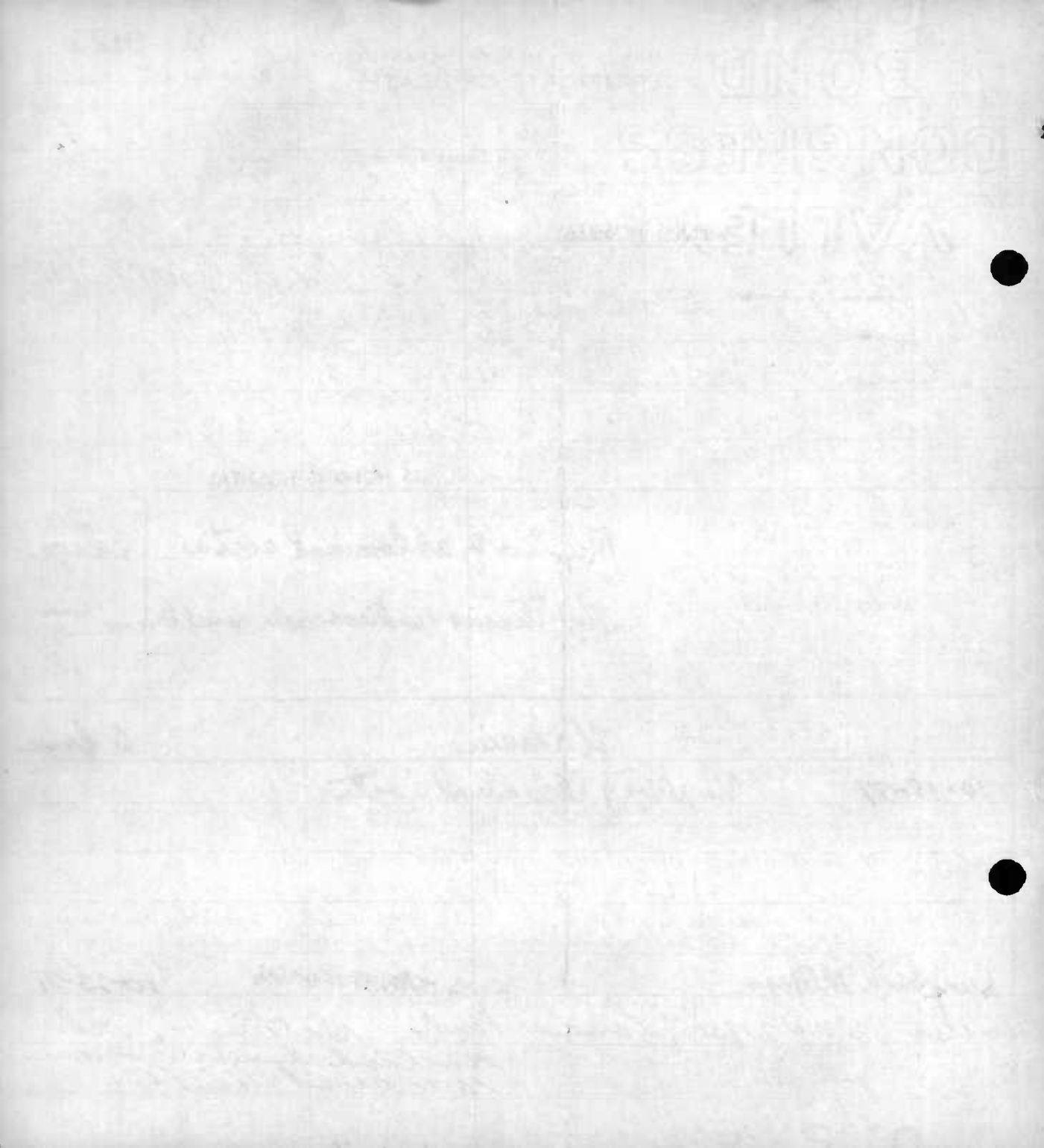
REGISTRAR'S SIGNATURE

10/24/51

William H. Williams, Jr.

25. FUNERAL DIRECTOR

Holland Funeral Home



AB-153245

452 51 9126

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9126  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

James Helmick

2. DATE  
OF  
DEATH

10-21-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Baltimore City Hospitals  
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

345 East 22nd. Street zone 18

Length of stay in Baltimore

1 yr.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 20-1899

9. AGE (In years  
last birthday)

52

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Maintenance Man

10B. KIND OF BUSINESS OR  
INDUSTRY

Arcadia Investment Co.

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Elijah Helmick

(D)

14. MOTHER'S MAIDEN NAME

Sarah Fix

(D)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

yes

W. W. # I

16. SOCIAL  
SECURITY NO.17. INFORMANT ADDRESS  
Records: Baltimore City Hospitals  
4940 Eastern Ave.

18. 443 X I

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Hypertensive cardio vascular Disease

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

INTERVAL BETWEEN  
ONSET AND DEATH

?

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-19-1951, to 10-21-1951, that I last saw the  
deceased alive on 10-21-1951 and that death occurred at 8.20A.m., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Crogen

M. D.

23B. ADDRESS

4940 Eastern Ave. Baltimore, Md.

23C. DATE SIGNED

10-23-1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/25/51

24C. NAME OF CEMETERY OR CREMATORY

St. Peters Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

(State)

Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

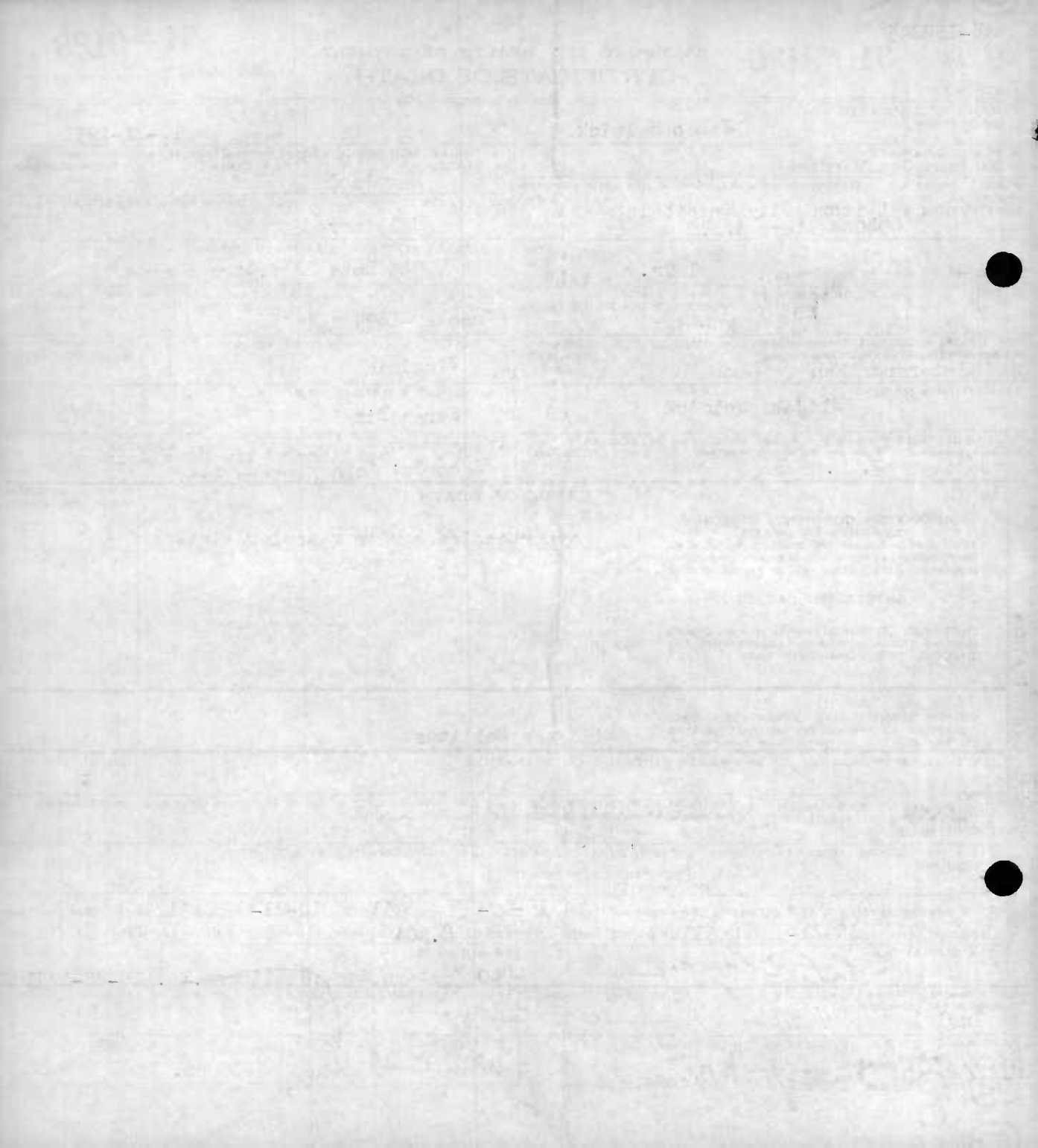
OCT 24 1951

William H. Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

H. M. Cook, Inc., 1217 St. Paul Street





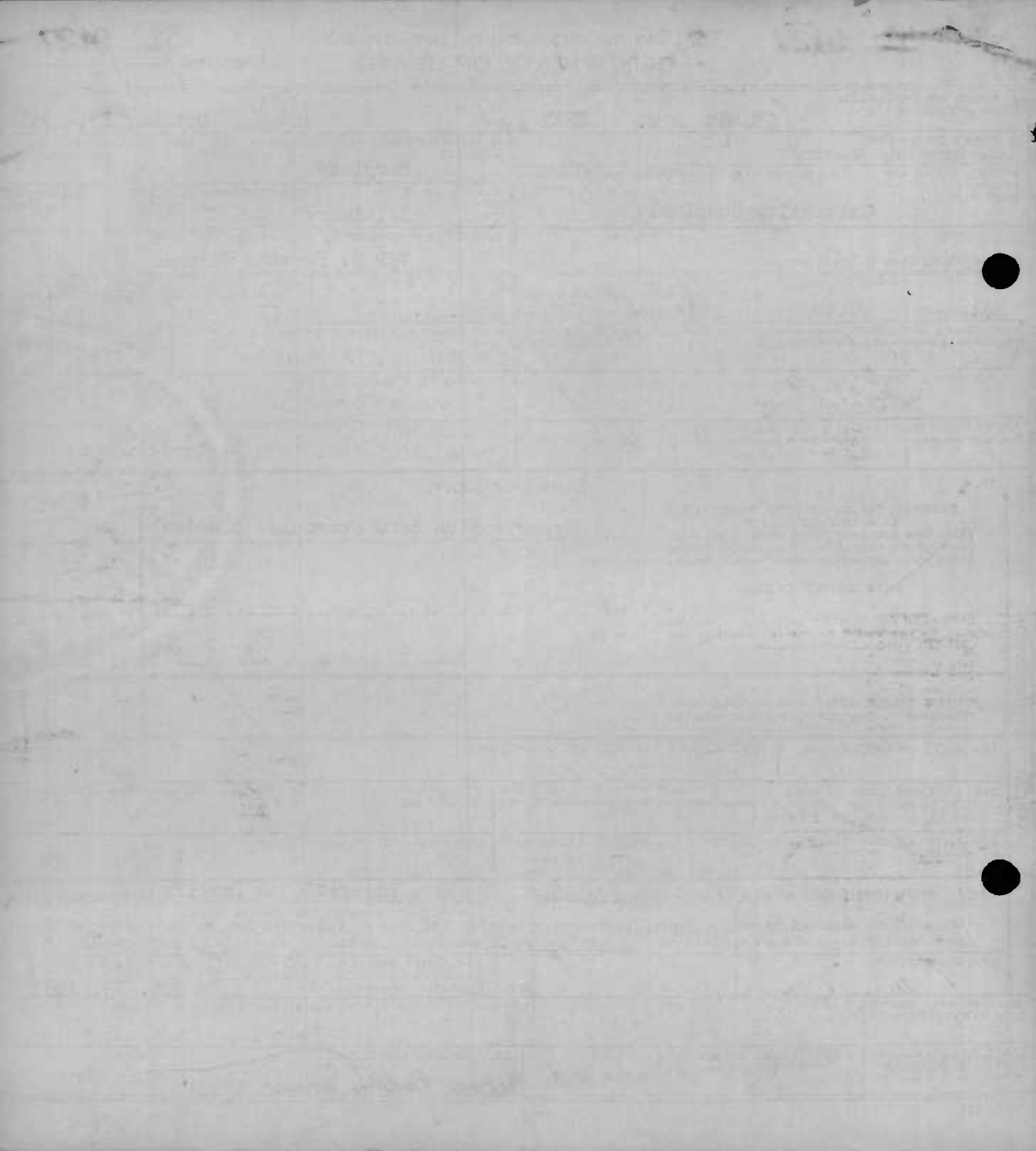
5-000 51 9127

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9127  
Registered No.

BIRTH NO.			
1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
GEORGE W. SHAY Jr.		October 23, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 752 W. Fayette Street 4-02	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 9, 1889
9. AGE (In years last birthday) 62		10. CITIZEN OF WHAT COUNTRY?	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Daniel Shay	
14. MOTHER'S MAIDEN NAME Florence Barnes		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no	
16. SOCIAL SECURITY NO.		17. INFORMANT Grace Leibfried, 1700 Harford Avenue	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive cardiovascular disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE William H. Cook		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....	
23C. DATE SIGNED Oct. 23, 1951			
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 10/26/51	
24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
25. FUNERAL DIRECTOR Wm. Cook Jr.		ADDRESS 1217 St. Paul Street	

Wm Cook 29099

937 ✓



540 51 9128

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9128  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MARY E. COMELLA

2. DATE  
OF  
DEATH

10-23-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

MERCY HOSP.

Length of stay in Baltimore

LIFE

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Feb. 7, 1879

9. AGE (In years  
last birthday)

82

10 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

Own Home

13. FATHER'S NAME

CHARLES F. ANDERSON

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

14. MOTHER'S MAIDEN NAME

SUSAN RUDINES (?)

17. INFORMANT

ADDRESS

Raymond E. Sullivan Brooklyn N.Y.

18. 151X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) CARCINOMA OF STOMACH

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

PULMONARY METASTASES

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from OCT. 22, 1951, to OCT. 23, 1951, that I last saw the  
deceased alive on OCT. 23, 1951, and that death occurred at 1:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Wm. H. H. Shea

M. O.

23B. ADDRESS

Mercy Hosp.

23C. DATE SIGNED

10-23-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/26/51

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county)

Woodlawn

(State)

Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

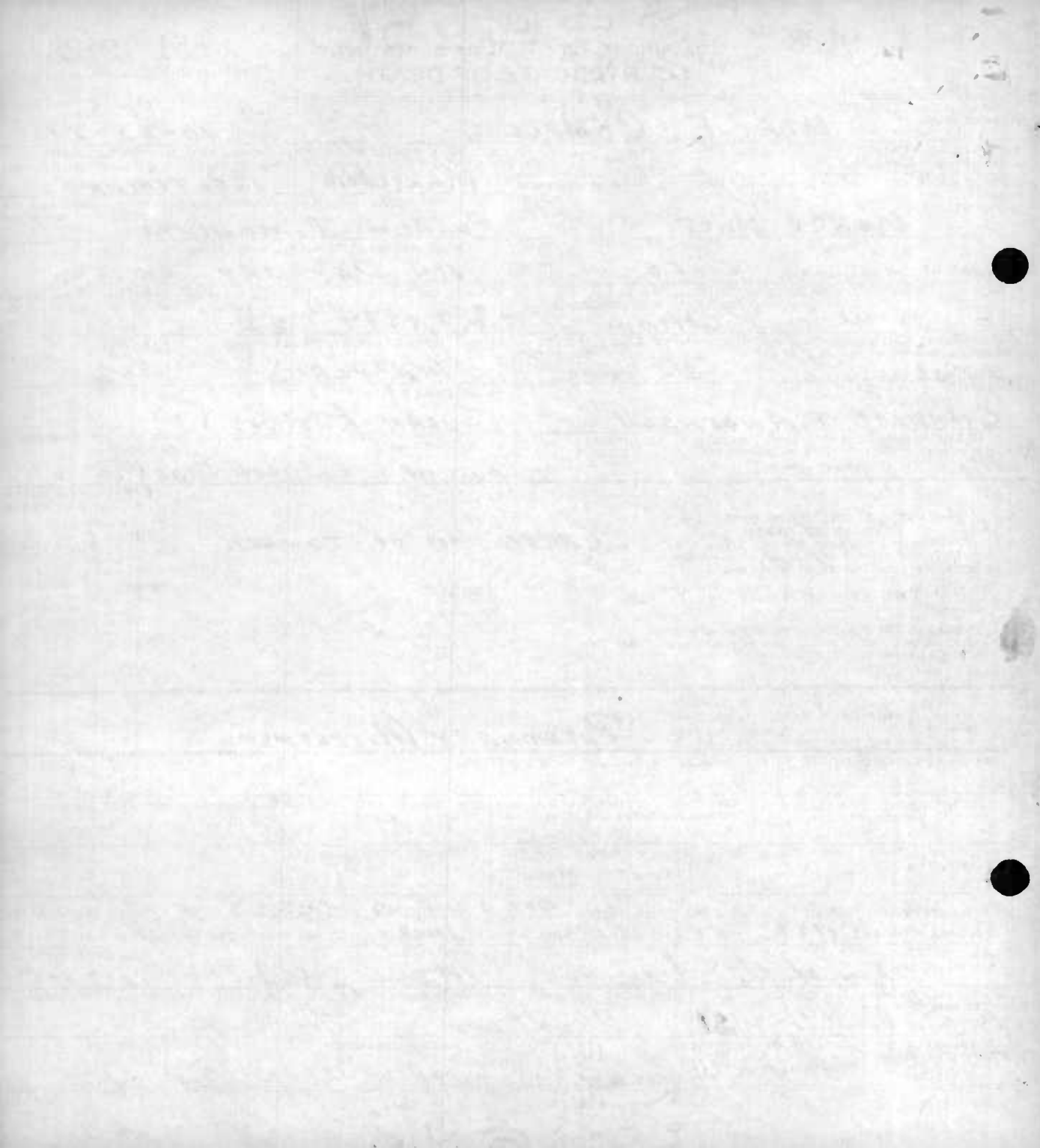
REGISTRAR'S SIGNATURE

Wm. H. H. Shea

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook Inc. 1217 St. Paul St.



V-220 51 9129

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9129  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
FRANK A. WOJACK			Oct. 23, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
			A. STATE Maryland		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
South Baltimore General Hospital			Baltimore		
Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location)		
			1303 Hull Street 24-01		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months: Days
Male	White			22	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country)		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		
(If yes, give war or dates of service)					

18. E976 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) Gunshot wound of abdomen DUE TO		
ANTECEDENT CAUSES	(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO	
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIB. <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1303 Hull Street
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Oct. 23, 1951 4:20 P. m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Firearms

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE R. S. Fisher	23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED Oct. 24, 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE October 24, 1951	24C. NAME OF CEMETERY OR CREMATORY U. S. Naval Hospital
DATE RECEIVED BY LOCAL REGISTRAR OCT 24 1951	REGISTRAR'S SIGNATURE Wm. L. Williams, Jr.	24D. LOCATION (City, town, or county) (State) Annapolis Md
25. FUNERAL DIRECTOR Alvin L. Crowe		ADDRESS Hwy 24 Saver

VS 151

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420 51 9130

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9130  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) **JEAN MILLS** 2. DATE OF DEATH **Oct. 23, 1951**

3. PLACE OF DEATH:  
A. **Baltimore City, Maryland**  
B. FULL NAME OF (If not in hospital or institution, give street address or location)  
**Long Green Nursing Home**  
**115 E. Melrose Ave.**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE **Md.**  
B. COUNTY \_\_\_\_\_  
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
**Baltimore**  
D. STREET ADDRESS (If rural, give location)  
**Sheraton - Belvedere Hotel**

5. SEX **female** 6. COLOR OR RACE **white** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
**single** 8. DATE OF BIRTH **Sept. 1, 1868** 9. AGE (in years last birthday) **83**

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**never worked** 10B. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (State or foreign country)  
**Kentucky** 12. CITIZEN OF WHAT COUNTRY? \_\_\_\_\_

13. FATHER'S NAME  
**Samuel S. Mills** 14. MOTHER'S MAIDEN NAME  
**Ella Webb**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) \_\_\_\_\_ 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT **Townsend, Md.**  
**Mr. Wm. A. Gable - 710 Morningside Dr.**

18. **357X** CAUSE OF DEATH  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
(A) **General & cerebral arteriosclerosis (advanced)**  
DUE TO  
(B) **(Progressive)**  
DUE TO  
(C) \_\_\_\_\_  
ANTECEDENT CAUSES  
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  
**Gradual inanition**

19A. DATE OF OPERATION **0** 19B. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDER- LYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) \_\_\_\_\_ 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY \_\_\_\_\_ 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from **July 1930**, to **Oct. 23, 1951**, that I last saw the deceased alive on **Oct. 23, 1951**, and that death occurred at **1 P** m., from the causes and on the date stated above.

23A. SIGNATURE **Samuel Morris** 23B. ADDRESS **11 E. Chad St.** 23C. DATE SIGNED **10/24/51**

24A. BURIAL, CREMATION, REMOVAL (Specify)  
**Crementation** 24B. DATE **10/25/51** 24C. NAME OF CEMETERY OR CREMATORY **Green Mount Crem.** 24D. LOCATION (City, town, or county) (State)  
**Balto., Md.**

DATE RECEIVED BY LOCAL REGISTRAR **OCT 24 1951** REGISTRAR'S SIGNATURE **Wm. J. Williams** 25. FUNERAL DIRECTOR **Wm. J. Lickner & Sons** ADDRESS **Balto Md 97**



STATE OF OHIO  
DEPARTMENT OF AGRICULTURE

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9131

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)2. DATE  
OF  
DEATH

Oct. 22, 1951

3. PLACE OF DEATH:

LILLIAN EMILIE BURK

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

2617 Cecil Ave.

Yrs.  
Mos.  
Days

Length of stay in Baltimore

SEX

female white

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

13. FATHER'S NAME

Joshua J. Dixon

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Alvah J. Burk - 2617 Cecil Ave. ✓

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from December 1950, to Oct 22, 1951, that I last saw the deceased alive on Oct 22, 1951, and that death occurred at 9:20 A.M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

10/25/51

S. L. Paul's C. em.

Arcadia, Balto, Co., Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

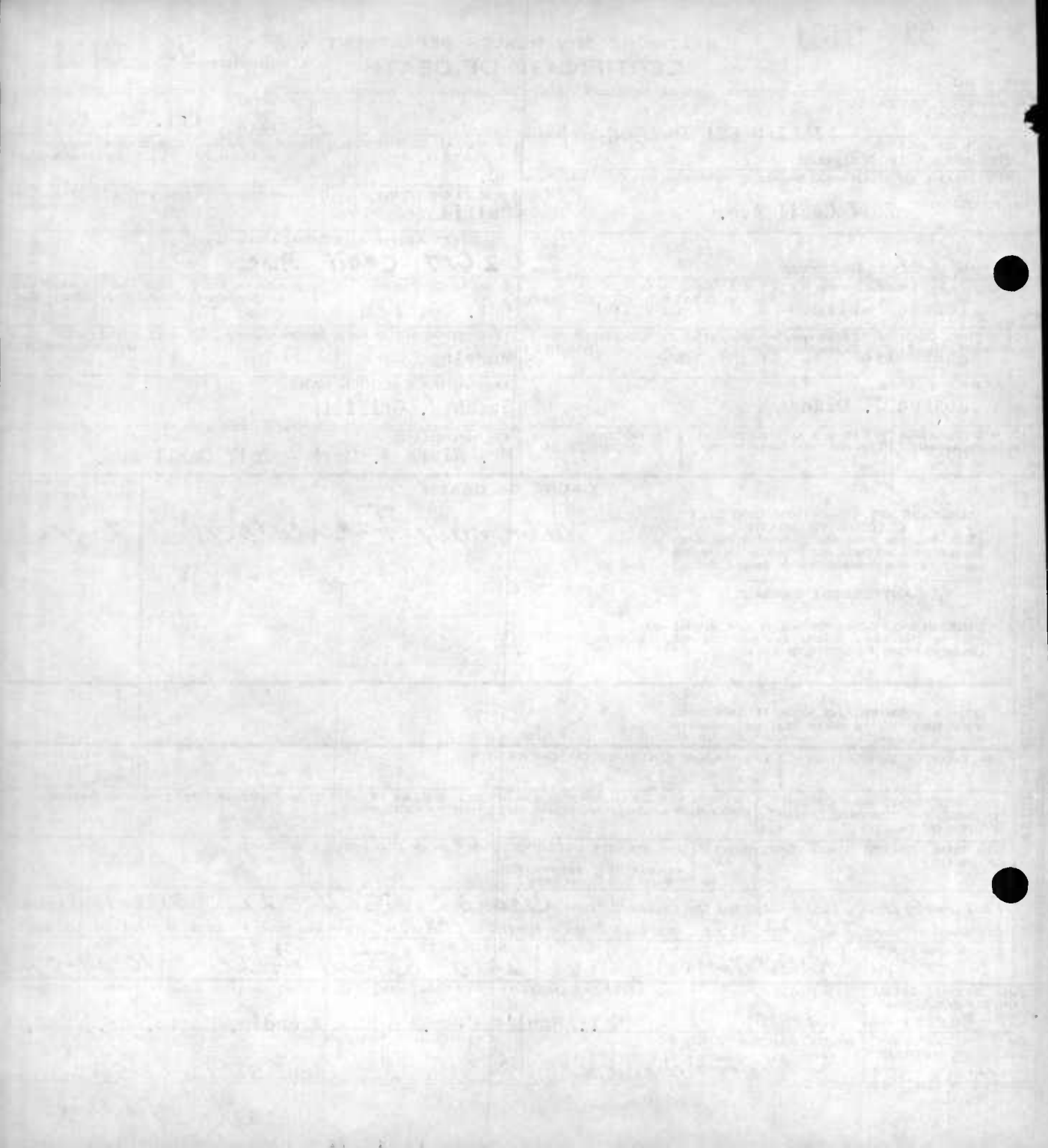
OCT 24 1951

VS 150

Mr. J. Pickner &amp; Son

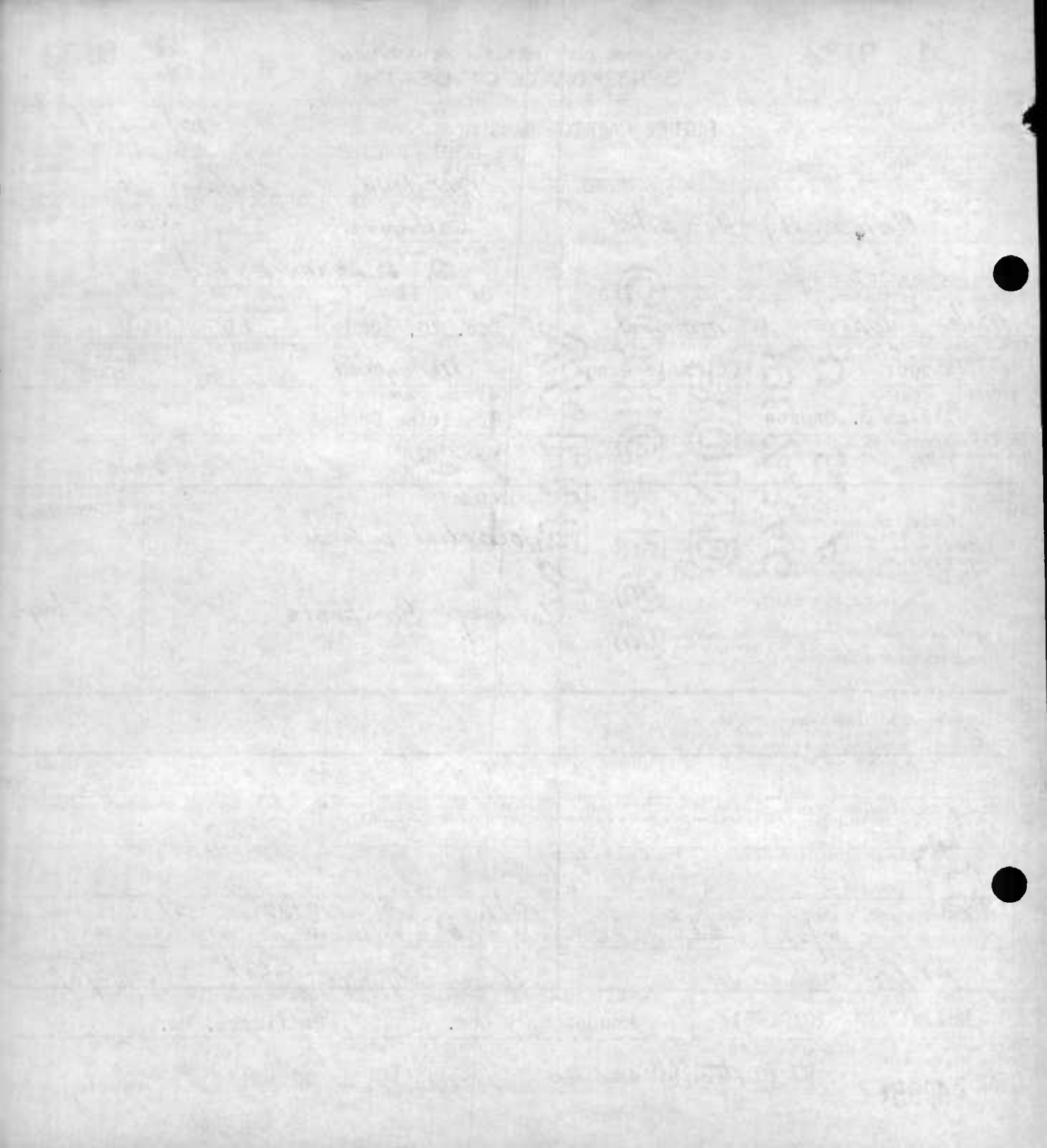
13 B Balto 17, Md.

MEDICAL CERTIFICATION



250  
51 9132BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9132  
Registered No.

BIRTH NO.		LUTHER CARLTON DAWSON		2. DATE OF DEATH 10/22/51	
1. NAME OF DECEASED (Type or Print)		LUTHER CARLTON DAWSON		2. DATE OF DEATH 10/22/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore City		5. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN Baltimore		D. STREET ADDRESS (If rural, give location) 2 DUNGARRIE RD. CATONSVILLE	
5. SEX male		6. COLOR OR RACE white		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager		10B. KIND OF BUSINESS OR INDUSTRY Wholesale drugs		8. DATE OF BIRTH Dec. 20, 1889	
13. FATHER'S NAME William P. Dawson		14. MOTHER'S MAIDEN NAME Ernestine Demme		9. AGE (In years last birthday) 61	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		11. BIRTHPLACE (State or foreign country) Maryland	
17. INFORMANT wife		ADDRESS Same		12. CITIZEN OF WHAT COUNTRY? U.S.	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 420.1 I Myocardial Infarction		CAUSE OF DEATH (A) DUE TO Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 15 days	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10/1 1951 to 10/22 1951, that I last saw the deceased alive on 10/22 1951, and that death occurred at 5:55 A. M., from the causes and on the date stated above.					
23A. SIGNATURE A. O. Richardson		23B. ADDRESS University Hospital		23C. DATE SIGNED 10/22/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/25/51		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	
24D. LOCATION (City, town, or county) Baltimore, Md.		25. FUNERAL DIRECTOR Wm. J. Tichner & Sons		ADDRESS 940 Balto, Md.	
DATE RECEIVED BY LOCAL REGISTRAR OCT 24 1951		REGISTRAR'S SIGNATURE L. H. Williams		25. FUNERAL DIRECTOR Wm. J. Tichner & Sons	
VS 150		29061		940 Balto, Md.	



200  
51 9133BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9133  
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Hoss, Baby Boy (B)</i>			2. DATE OF DEATH <i>10/14/51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <i>MARY HOSPITAL</i>			6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTIMORE, 27-05</i>		
7. LENGTH OF STAY IN BALTIMORE <i>LIFE</i>			8. STREET ADDRESS (If rural, give location) <i>7616 DANIEL AV.</i>		
9. SEX <i>M</i>	10. COLOR OR RACE <i>W</i>	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>SINGLE</i>	12. DATE OF BIRTH <i>10/14/51</i>	13. AGE (in years last birthday)	14. If Under 1 Year Months: Days If Under 24 Hours Hours Min.
15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>INFANT</i>		16. KIND OF BUSINESS OR INDUSTRY —		17. BIRTHPLACE (State or foreign country) <i>MARYLAND</i>	
18. FATHER'S NAME <i>JOHN J. HOSS</i>		19. MOTHER'S MAIDEN NAME <i>DOROTHY M. KOTSCHENREUTHER</i>		20. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
21. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		22. SOCIAL SECURITY NO.		23. INFORMANT <i>JOHN J. HOSS</i>	
24. ADDRESS		25. ADDRESS		26. ADDRESS	

18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>AVENUEPHARY</i> DUE TO (A) <i>AVENUEPHARY</i> (B) DUE TO (C) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
--	--	----------------------------------

19A. DATE OF OPERATION <i>NONE</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <i>NONE</i>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>BIRTH</i> , 19 <i>51</i> , to <i>10/14</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>10/14</i> , 19 <i>51</i> , and that death occurred at <i>10:00</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Raymond J. Coonrad</i>		23B. ADDRESS <i>Mary Hospital</i>		23C. DATE SIGNED <i>10/14/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>10-24-51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Seared Heart</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto - MD</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 24 1951</i>		24F. REGISTRAR'S SIGNATURE <i>Walter J. Williams</i>	
24G. FUNERAL DIRECTOR <i>Silly &amp; Zeller</i>		24H. ADDRESS <i>403 S. W. 8th St</i>		24I. ADDRESS	

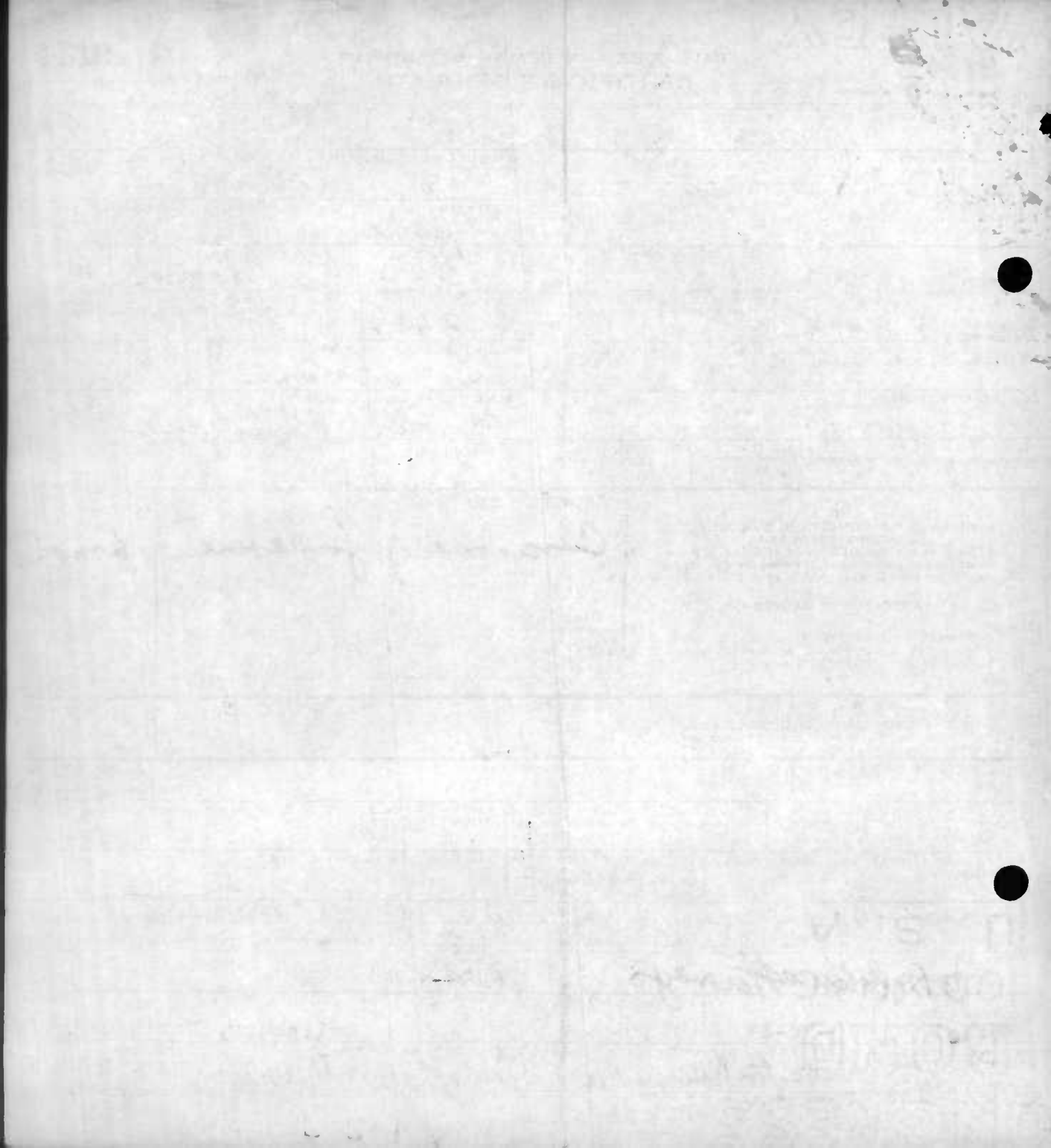






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9134BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9134  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Marion Whisonant</i>		2. DATE OF DEATH <i>Oct. 23, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>No. Carolina</i> B. COUNTY <i>V-30</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Spencer</i>			
D. LENGTH OF STAY IN BALTIMORE		D. STREET ADDRESS (If rural, give location) <i>322 Railroad Ave</i>			
5. SEX <i>male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>WIDOWED</i>	8. DATE OF BIRTH <i>2-22-91</i>	9. AGE (In years last birthday) <i>60</i>	10. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>So Carolina</i>	
13. FATHER'S NAME <i>Andrew W.</i>		14. MOTHER'S MAIDEN NAME <i>Margha Childress</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>157X I</i> <i>Carcinoma of pancreas</i>		CAUSE OF DEATH (A) DUE TO (B) DUE TO (C) DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>6 mos</i>	
18. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
18. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>2/23/51</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>9/23/51</i> , to <i>10/23/51</i> , that I last saw the deceased alive on <i>10/23/51</i> , and that death occurred at <i>12:50 P.</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>John Collins Harvey</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>10-26-51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Salisbury</i>	
24D. LOCATION (City, town, or county) (State) <i>North Carolina</i>		25. FUNERAL DIRECTOR <i>Mr. J. H. Hensley</i>		25. ADDRESS <i>578 W. Biddle St</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 24 1951</i>		REGISTRAR'S SIGNATURE <i>Wm. H. Williams</i>		469	



452

9135

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9135

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Dellinger, Richard

2. DATE  
OF  
DEATH

10/23/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

C. Length of stay in Baltimore

16+

Yrs.

Mths.

Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

1906

9. AGE (In years  
last birthday)

45

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Patient

10B. KIND OF BUSINESS OR  
INDUSTRY

Mental Hospital

13. FATHER'S NAME

Clayton Dellinger

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NONE

16. SOCIAL  
SECURITY NO.

NONE

17. INFORMANT

Mother 2925 Miles Ave.

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHI  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Post-operative Subtotal Gastrectomy

15 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Gastric Ulcer

16 yrs?

(C)

Emaciation

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

manic Depressive Psychosis

16 yrs

19A. DATE OF OPERATION

10/17/51

19B. MAJOR FINDINGS OF OPERATION

Gastric Ulcer - old perforation &amp; adhesions

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from 10/8/51, 1951, to 10/23, 1951, that I last saw the  
deceased alive on 10/22, 1951, and that death occurred at 2:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Roger D. Scott

M. O.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

10/23/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

OCT. 25, 1951

24C. NAME OF CEMETERY OR CREMATORY

JESSUP'S CEMETERY

24D. LOCATION (City, town, or county)

COCKEYSVILLE, MD.

(State)

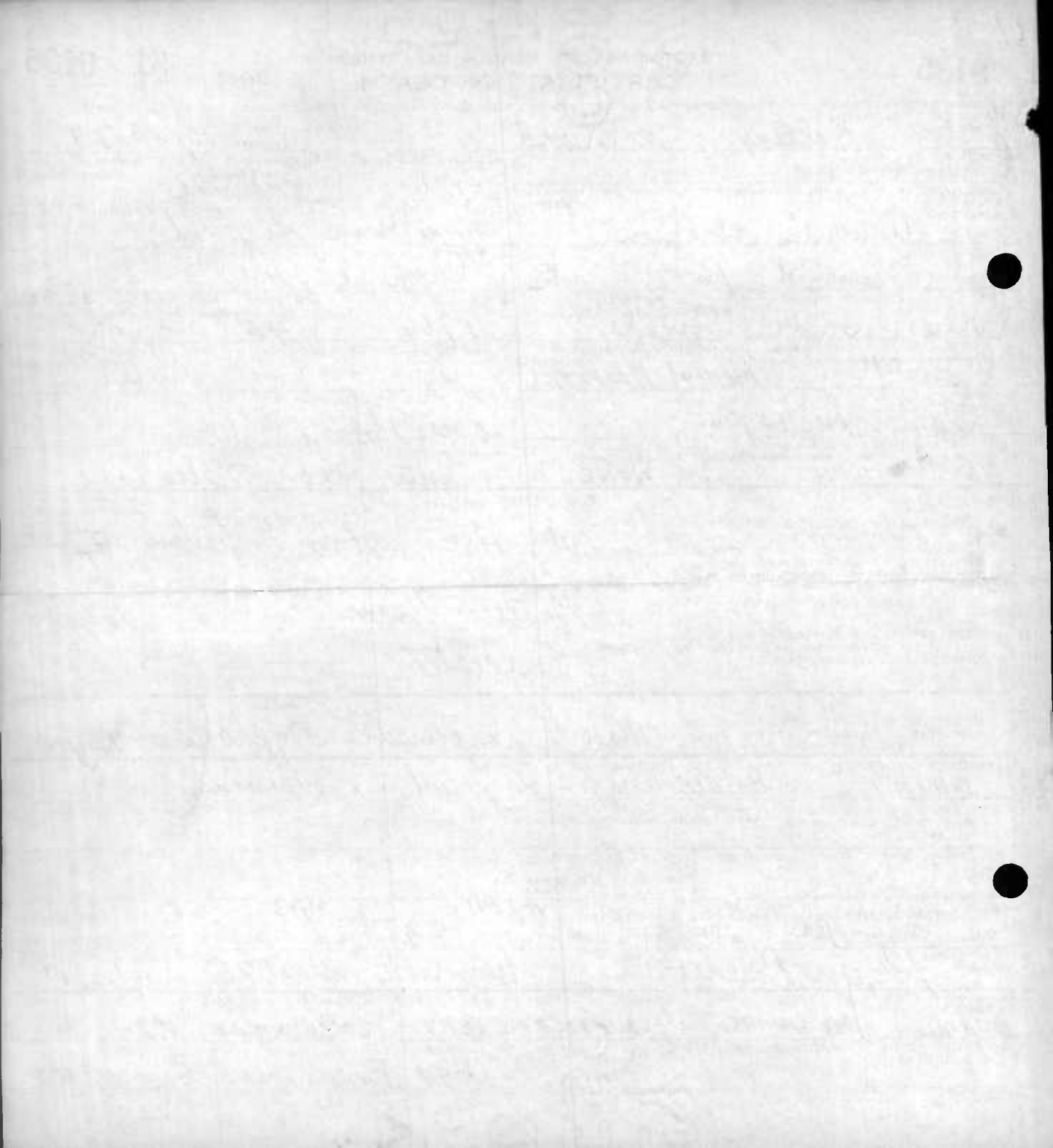
DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JOHN BURNS' SONS, TOWSON, MD.



120

ND-132549 9136

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9136

BIRTH NO. 51-26086

## 1. NAME OF DECEASED

(Type or Print)

Baby Girl Davis (Elleree)

2. DATE  
OF  
DEATH

Sept. 28, 1951

## 3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR Baltimore City Hospitals  
INSTITUTION 4940 Eastern Avenue4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE Maryland B. COUNTY BaltimoreC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 5300D. STREET ADDRESS (If rural, give location)  
613 Avondale Rd. Balto. Co. (22)

Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

## 5. SEX

Female

## 6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Single

## 8. DATE OF BIRTH

Sept. 27, 1951

9. AGE (In years  
last birthday)10 Under 1 Year  
Months: Days: 111 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY11. BIRTHPLACE (State or foreign country)  
Maryland12. CITIZEN OF  
WHAT COUNTRY?

## 13. FATHER'S NAME

Isaac Collenton

## 14. MOTHER'S MAIDEN NAME

Elleree Davis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.17. INFORMANT Baltimore City Hospitals  
Records: 4940 Eastern Avenue

## 18.

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Prematurity

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

Life

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

## 19A. DATE OF OPERATION

## 19B. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-27, 1951, to 9-28, 1951, that I last saw the  
deceased alive on 9-28, 1951, and that death occurred at 8 p. m., from the causes and on the date stated above.

## 23A. SIGNATURE

M. D.

## 23B. ADDRESS

4940 Eastern Avenue

## 23C. DATE SIGNED

10-1-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)  
Cremation

## 24B. DATE

10-1-51

## 24C. NAME OF CEMETERY OR CREMATORY

B. C. H. Crematory

## 24D. LOCATION (City, town, or county) (State)

4940 Eastern Avenue

DATE RECEIVED BY  
LOCAL REGISTRAR

## REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

## 25. FUNERAL DIRECTOR

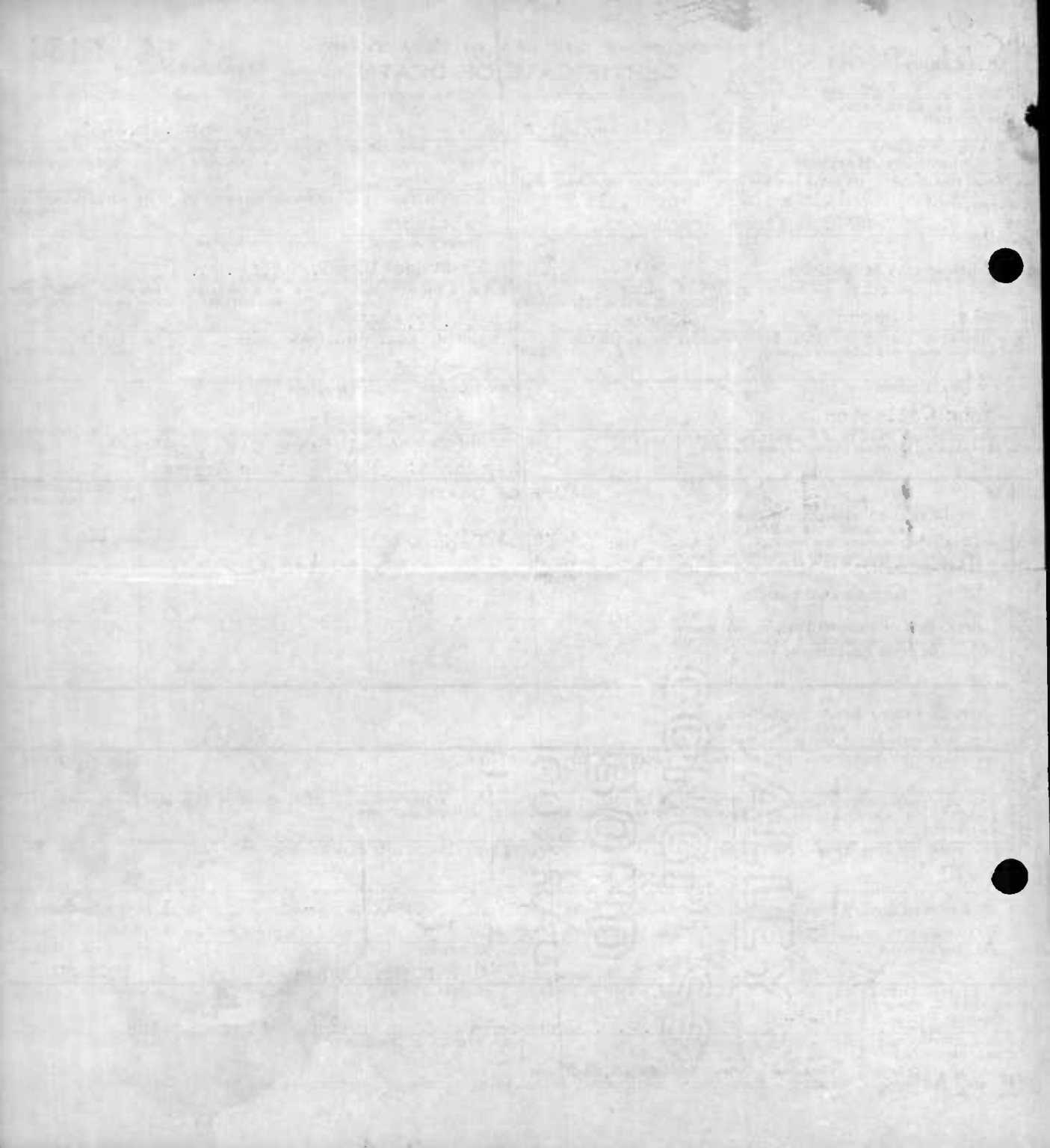
## ADDRESS

OCT 24 1951

VS 150

159

MEDICAL CERTIFICATION





7 00  
9137

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9137  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

608 Mc Cabe Ave

Yrs.  
Mos.  
Days

length of stay in Baltimore

SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. Under 1 Year Months: Days  
11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 470.1  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Hematoma right forehead.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan '10, 1946, to Oct. 22, 1951, that I last saw the deceased alive on Oct 22, 1951, and that death occurred at 8:55 pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



Dr. Saml Halfe  
1331 North Ave.

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **51 9138**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**HOWARD S. BROWN**

2. DATE OF DEATH **October 22, 1951**

3. PLACE OF DEATH:

A. **Baltimore City, Maryland**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

**Mercy Hospital**

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

**Maryland**

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

**Baltimore**

D. STREET ADDRESS (If rural, give location)

**5 N. Exeter Street**

5. SEX

**Male**

6. COLOR OR RACE

**White**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**Married**

8. DATE OF BIRTH

**July 29-1893**

9. AGE (In years last birthday)

**58**

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Retired ATTENDANT**

10B. KIND OF BUSINESS OR INDUSTRY

**HOSPITAL**

11. BIRTHPLACE (State or foreign country)

**Bald Md**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

**John Brown**

14. MOTHER'S MAIDEN NAME

**Alberta**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
**Mrs. Mary Brown 4313 Paulina**

18. **002X**

**CAUSE OF DEATH**

**DISEASE OR CONDITION DIRECTLY LEADING TO DEATH**

(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) **Pulmonary tuberculosis**

DUE TO

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II  
**OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Partial Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

**B. S. Fisher**

23B. CHIEF MEDICAL EXAMINER.....  
ASSISTANT MEDICAL EXAMINER.....  
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

**Oct. 23, 1951**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

**10-25-51**

24C. NAME OF CEMETERY OR CREMATORY

**Holy Redeemer Balt. Md**

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

**Wm. H. Williams**

25. FUNERAL DIRECTOR

**L. J. Luck**

ADDRESS

**5305 Harford Rd**

IN SENATE,

January 13, 1880.

REPORT

OF THE

COMMISSIONERS OF THE LAND OFFICE

IN RESPONSE TO A RESOLUTION PASSED BY THE SENATE,

PASSED MAY 1, 1879.

ALBANY:

JOHN B. LANE, PRINTER.

1880.

655

1-9139

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9139

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Paul W. Beerman</i>			2. DATE OF DEATH <i>10/22/51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MARYLAND</i> B. COUNTY <i>BALTO</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>27-07</i>		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>6501 Old Hartford Rd.</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>1884-3-28</i>	9. AGE (In years last birthday) <i>67</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Public Safety</i>			11. BIRTHPLACE (State or foreign country) <i>Germany</i>		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? <i>?</i>		
13. FATHER'S NAME <i>Beerman</i>			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <i>217-09-8391</i>		
17. INFORMANT <i>daughter</i>			ADDRESS <i>Mrs Elma King 3128 Chesley Ave</i>		

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary Thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>4.5 hrs.</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) ..... (C) .....		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>10/22</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from *10/22* 19*51* to *10/22*, 19*51*, that I last saw the deceased alive on *10/22*, 19*51*, and that death occurred at *10:55* a. m., from the causes and on the date stated above.

23A. SIGNATURE *H. O. Richardson* M. D. 23B. ADDRESS *University Hospital* 23C. DATE SIGNED *10/22/51*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24B. DATE *10-25-51* 24C. NAME OF CEMETERY OR CREMATORY *Parkwood* 24D. LOCATION (City, town, or county) (State) *Balto Md*

DATE RECEIVED BY REGISTRAR'S SIGNATURE *Oct 24 1951* 25. FUNERAL DIRECTOR *L. J. Luck* ADDRESS *5305 Hartford Rd*

COMPTON

1950

THE COMPTON ELECTRONIC COMPANY  
1000 N. 10TH ST. S.W. ALBUQUERQUE, N.M.

ALBUQUERQUE, N.M.

ALBUQUERQUE, N.M.

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ALBUQUERQUE, N.M.

ALBUQUERQUE, N.M.

COMPTON ELECTRONIC COMPANY  
1000 N. 10TH ST. S.W. ALBUQUERQUE, N.M.

ALBUQUERQUE, N.M.

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. \_\_\_\_\_

51 9140

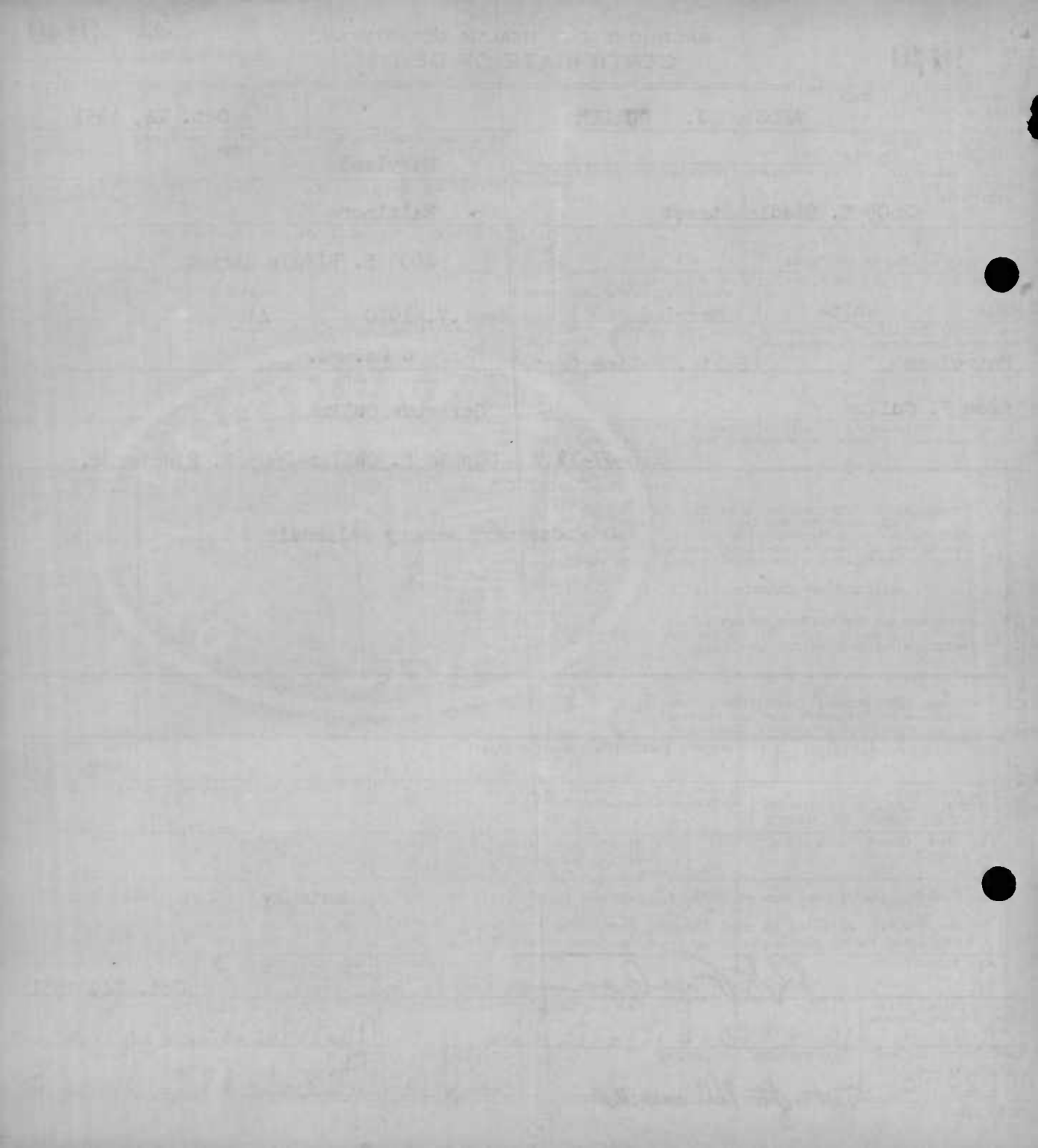
1. NAME OF DECEASED (Type or Print) <b>AMOS J. CULLUM</b>		2. DATE OF DEATH <b>Oct. 24, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>2605 E. Biddle Street</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>2605 E. Biddle Street</b>		E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 7, 1910</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Patrolman</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Balto. Police Dept.</b>	
13. FATHER'S NAME <b>Amos F. Cullum</b>		11. BIRTHPLACE (State or foreign country) <b>Harford Co. Md.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? _____	
16. SOCIAL SECURITY NO. <b>216-07-2217</b>		14. MOTHER'S MAIDEN NAME <b>Gertrude Cullum</b>	
17. INFORMANT <b>Sophia E. Cullum-2605 E. Biddle St.</b>		ADDRESS _____	

18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary artery sclerosis</b> DUE TO _____		INTERVAL BETWEEN ONSET AND DEATH _____
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO _____ (C) _____		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____		

19A. DATE OF OPERATION _____	19B. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location; _____)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? _____

I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>R. B. Fisher</i>		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED <b>Oct. 24, 1951</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>	24B. DATE <b>10-27-51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Balto Cern</b>	24D. LOCATION (City, town, or county) (State) <b>North Ave - Balto Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 24 1951</b>	REGISTRAR'S SIGNATURE <i>William H. Williams</i>	25. FUNERAL DIRECTOR <i>John H. Williams - 2435 E. Oliver St</i>	





635  
1 9141

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH 41

Registered No. 51 9141

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Catherine H. MARTIN		2. DATE OF DEATH Oct. 23, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 46 Lutheran Hosp. of Maryland		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 8-02	
D. Length of stay in Baltimore		E. STREET ADDRESS (If rural, give location) 2229 E-North Ave # 13	
5. SEX F.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) m.	8. DATE OF BIRTH March 15, 1883
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) Maryland	
10B. KIND OF BUSINESS OR INDUSTRY At Home		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Charles Anderson		14. MOTHER'S MAIDEN NAME Emma Wright	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS John I. Martin - 2229 E North Ave	
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) Myocardial Infarction, Acute, Anterior	
ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Diabetes Mellitus	
19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Oct. 23, 1951 to Oct. 23, 1951 that I last saw the deceased alive on Oct. 23, 1951, and that death occurred at 2 p.m., from the causes and on the date stated above.			
23A. SIGNATURE Michael J. Farrell		23B. ADDRESS Lutheran Hosp.	
23C. DATE SIGNED Oct. 23, 1951			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 10-26-51	
24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.		24D. LOCATION (City, town, or county) (State) Baltimore Md.	
DATE RECEIVED BY LOCAL REGISTRAR OCT 24 1951		REGISTRAR'S SIGNATURE William H. Williams	
VS 150		25. FUNERAL DIRECTOR John C. Milby - 2435 E. Olney St	

MEDICAL CERTIFICATION

STATE OF TEXAS  
COUNTY OF DALLAS

IN SENATE

January 15, 1908

REPORT

OF THE

COMMISSIONER

OF THE

LAND OFFICE

FOR THE

YEAR

1907

RECEIVED

STATE OF TEXAS

COMMISSIONER

OF THE

LAND OFFICE

FOR THE

YEAR

1907

RECEIVED

STATE OF TEXAS

COMMISSIONER

OF THE

LAND OFFICE

FOR THE

YEAR

1907

RECEIVED

STATE OF TEXAS

# CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No. 51 9142

1. NAME OF DECEASED (Type or Print) <b>Robert W. Fisher FISCHER</b>			2. DATE OF DEATH <b>10-22-51</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Baltimore City Hospitals</b> <b>4940 Eastern Avenue</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
D. STREET ADDRESS (If rural, give location) <b>528 S. Kenwood Avenue</b>			E. LENGTH OF STAY IN BALTIMORE <b>Life</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Nov. 7, 1915</b>		9. AGE (In years last birthday) <b>35</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MAINTENANCE MAN</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>BRICK</b>		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>
13. FATHER'S NAME <b>Herman Fischer</b>			14. MOTHER'S MAIDEN NAME <b>Theresa Ott</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <b>312-10-2165</b>		
17. INFORMANT <b>Mrs. Helen Fisher</b>			ADDRESS <b>528 S. Kenwood Ave</b>		

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Pulmonary Tuberculosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 Yrs.</b>
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>10-25-51</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from **9-20-51**, 19\_\_, to **10-22-51**, 19\_\_, that I last saw the deceased alive on **10-22-51**, 19\_\_ and that death occurred **at 4:35 A.M.** from the causes and on the date stated above.

23A. SIGNATURE **[Signature]** M. D. **4940 Eastern Avenue** 23C. DATE SIGNED **10-22-51**

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>10-25-51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Morland Mem Park Taylor Ave - Balto Md.</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 24 1951</b>		25. FUNERAL DIRECTOR <b>John C. Miller Inc - 2435 E. Oliver St</b>	

MEDICAL CERTIFICATION

•

250  
51 9143BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9143

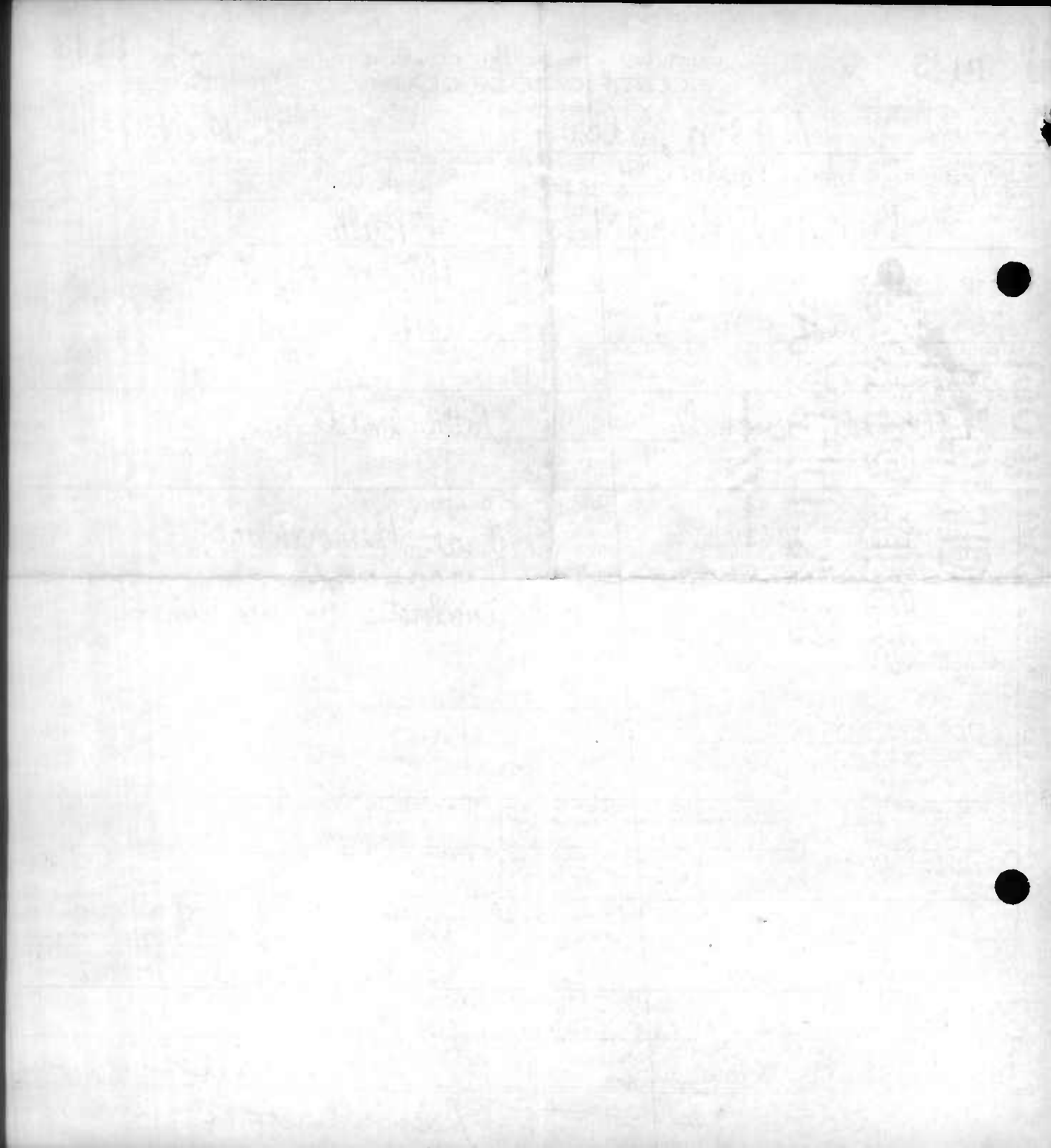
Registered No. \_\_\_\_\_

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>Mason, Ellen</b>		2. DATE OF DEATH <b>10.24.51</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Balto. City</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Provident Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Balto.</b>		<b>17-02</b>	
D. STREET ADDRESS (If rural, give location) <b>1602 W Fayette St.</b>		5. SEX <b>Fe</b>		6. COLOR OR RACE <b>colored</b>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>2.28.1881</b>		9. AGE (In years last birthday) <b>70</b>	
10A. USUAL OCCUPATION (Give kind of work doing during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>—</b>		11. BIRTHPLACE (State or foreign country) <b>Va.</b>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <b>Daniel Bowerell</b>		14. MOTHER'S MAIDEN NAME <b>Pattie Gould</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	

18. <b>331X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cerebral Hemorrhage</b> (A) DUE TO <b>Arteriosclerotic Hypertention</b> (B) DUE TO <b>—</b> (C) DUE TO <b>—</b>	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <b>10-26-51</b>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <b>10.20.</b> , 19 <b>51</b> , to <b>10.24</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>10.23</b> , 19 <b>51</b> , and that death occurred at <b>3:30 A.M.</b> , from the causes and on the date stated above.		
23A. SIGNATURE <b>G. G. Gionion</b>	23B. ADDRESS <b>Provident Hospital</b>	23C. DATE SIGNED <b>10.24.51</b>

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Shipped</b>	24B. DATE <b>10-26-51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Newbridge Va.</b>	24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY <b>OCT 25 1951</b>	REGISTRAR'S SIGNATURE <b>W. H. Williams, Jr.</b>	25. FUNERAL DIRECTOR <b>D. Halstead</b>	ADDRESS <b>918 - bluid Hill &amp; ave. 3a</b>





540  
9144BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9144

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Robert N. Finley

2. DATE  
OF  
DEATH

Oct 21 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

(If not in hospital or institution, give street address or location)

1201 - Myrtle Ave.

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived, If institution : residence

A. STATE

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1201 - Myrtle Ave.

Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)10 Under 1 Year  
Months: Days  
11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

13. FATHER'S NAME

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes or No) (If yes, give dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. 422.1 I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

Antenarrestotic Cardiovascular

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Disease

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....

23C. DATE SIGNED

M.D. ASSISTANT MEDICAL EXAMINER.....

MEDICAL INVESTIGATOR.....

Oct 21, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

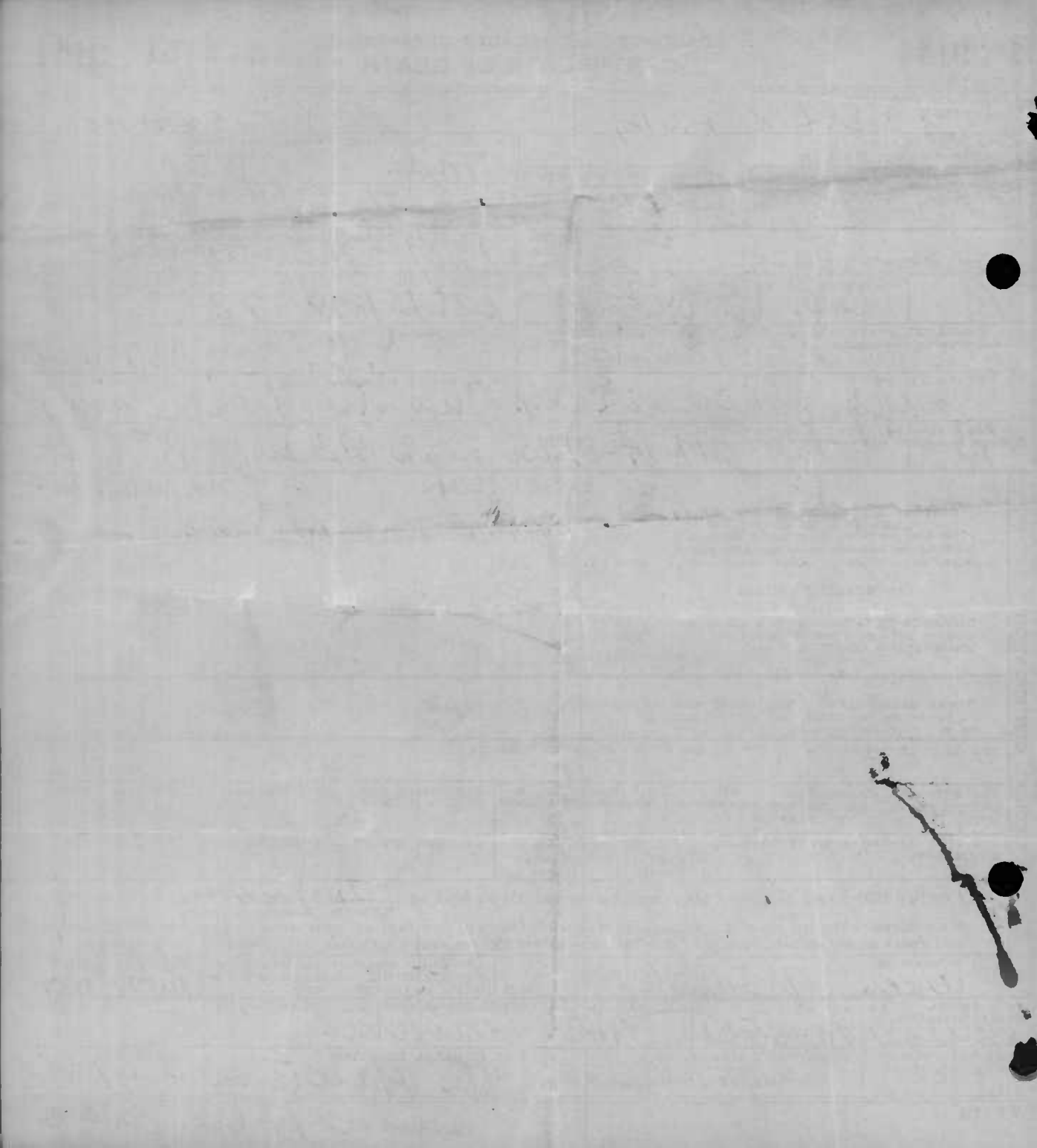
ADDRESS

VS 151

673 55

W. Halstead - 918-  
673 55 David Hill 93 Ave.





153260  
9145

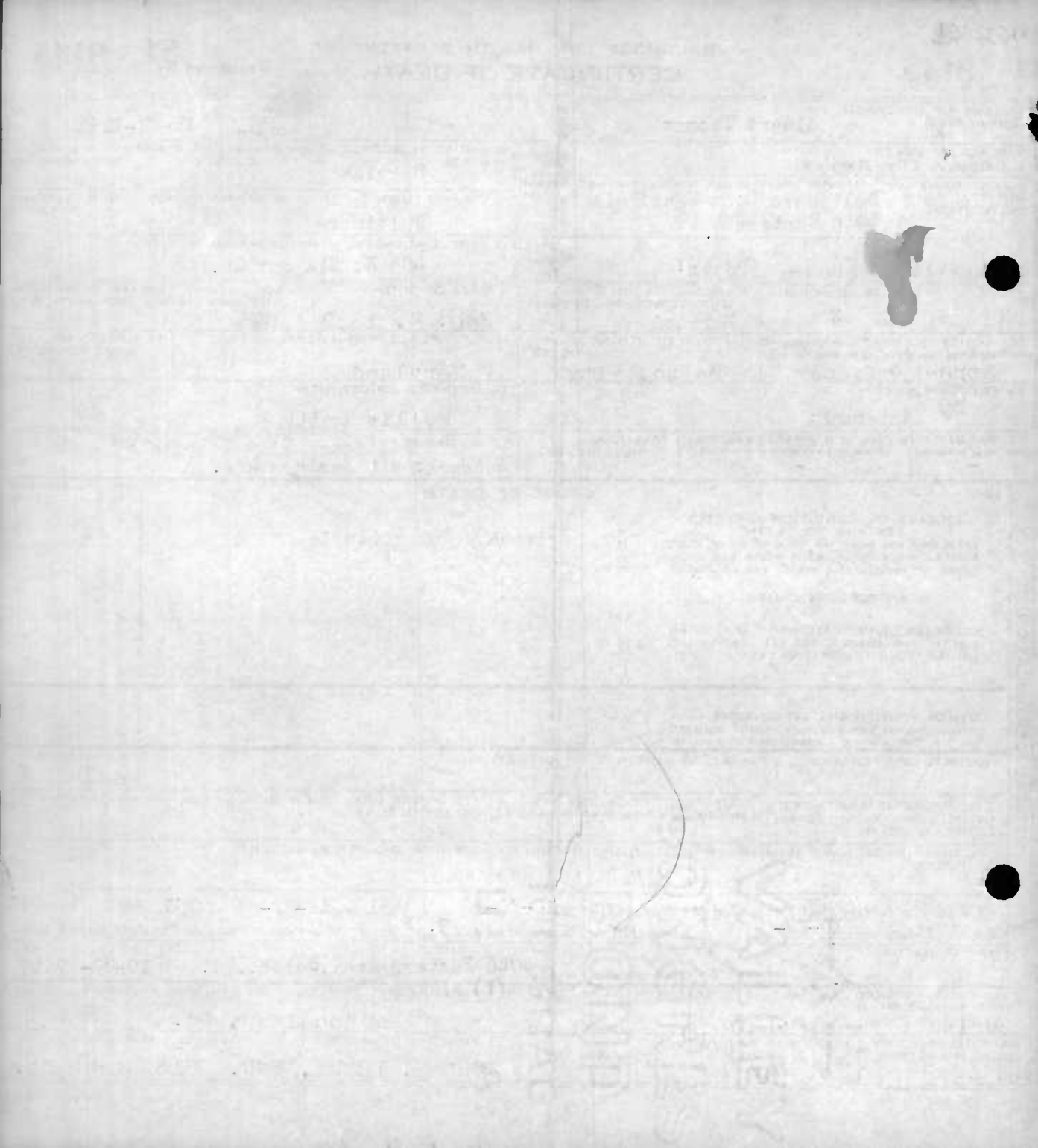
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9145

1. NAME OF DECEASED (Type or Print) <b>Albert Thomas</b>		2. DATE OF DEATH <b>10-22-1951</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Baltimore City Hospitals</b> <b>4940 Eastern Ave.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <b>Baltimore</b> <b>24-04</b>	
D. STREET ADDRESS (If rural, give location) <b>409 E. Clement St.</b>		E. LENGTH OF STAY IN BALTIMORE <b>2 days?</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 4, 1882</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Street cleaner</b>		9. AGE (In years last birthday) <b>69</b>	
10B. KIND OF BUSINESS OR INDUSTRY <b>Balto. City</b>		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
13. FATHER'S NAME <b>Unknown</b>		12. CITIZEN OF WHAT COUNTRY? <b>✓</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>-</b>		14. MOTHER'S MAIDEN NAME <b>Mollie Smith</b>	
16. SOCIAL SECURITY NO. <b>-</b>		17. INFORMANT <b>Baltimore City Hospitals</b> <b>Records: 4940 Eastern Ave.</b>	

18. <b>002 X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Pulmonary Tuberculosis</b> DUE TO (A) <b>Pulmonary Tuberculosis</b> (B) <b>?</b> (C) <b>?</b>		INTERVAL BETWEEN ONSET AND DEATH <b>?</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>10-22-51</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>10-20-</b> , 1951, to <b>10-22-</b> , 1951, that I last saw the deceased alive on <b>10-22-</b> , 1951, and that death occurred at <b>3. P. m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>R. S. Rogers</b>		23B. ADDRESS <b>4940 Eastern Ave., Balto., Md.</b>		23C. DATE SIGNED <b>10-23-1951</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>10/26/51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Woodlawn</b>	24D. LOCATION (City, town, or county) (State) <b>Woodlawn, Md.</b>		
DATE RECEIVED BY LOCAL REGISTRAR <b>10-25-1951</b>	REGISTRAR'S SIGNATURE <b>W. Williams, M.D.</b>	25. FUNERAL DIRECTOR ADDRESS <b>JOHN F. DENNY, INC. 715 Light St.</b>			



# CERTIFICATE CORRECTED 10-30-51

## BALTIMORE CITY HEALTH DEPARTMENT

### CERTIFICATE OF DEATH

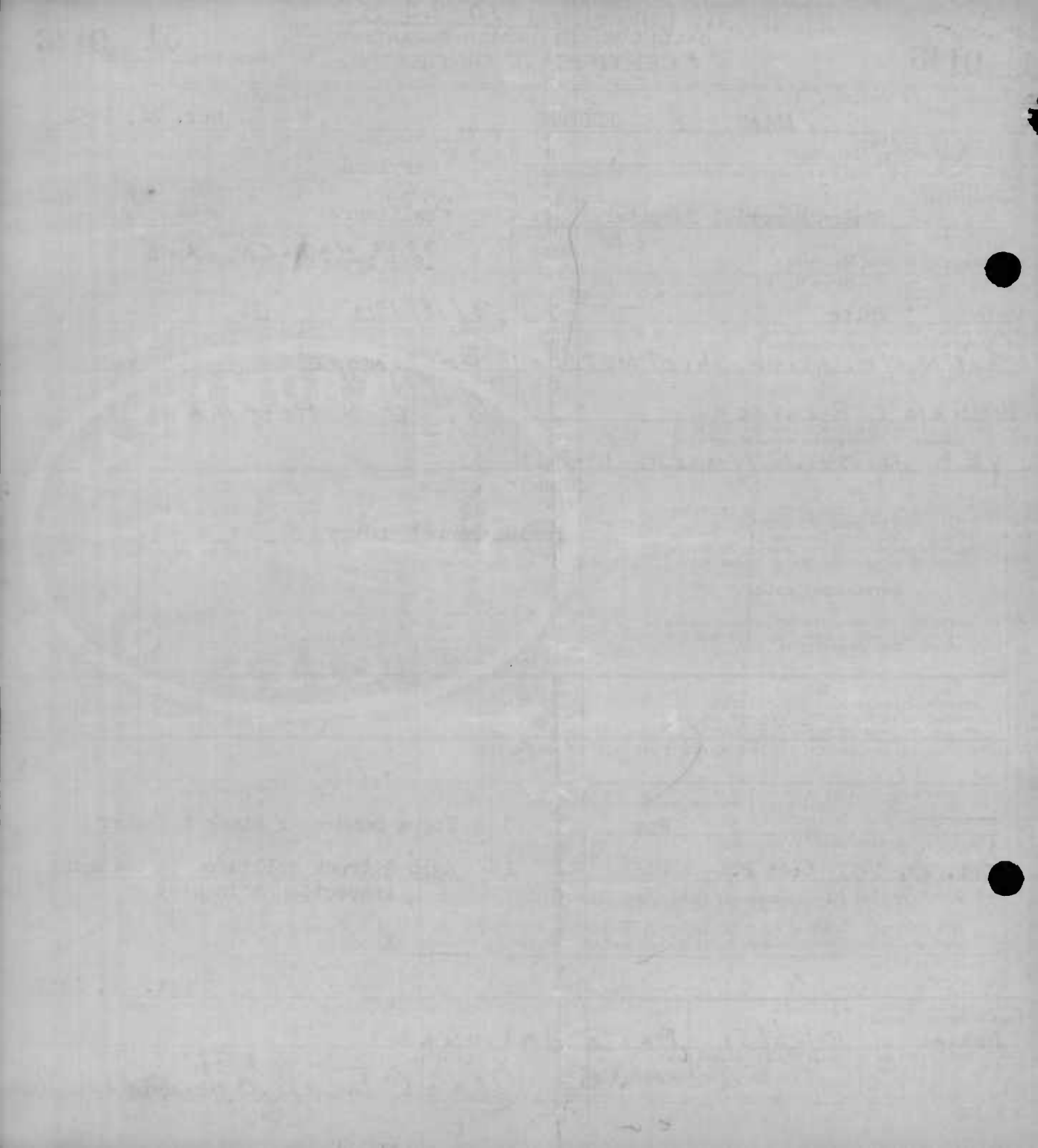
51 9146  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>ALLAN E RUDIGER</b>		2. DATE OF DEATH <b>Oct. 24, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Union Memorial Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write STATE and give township) <b>Baltimore</b>	
D. Length of stay in Baltimore <b>LIFE</b>		E. STREET ADDRESS (If rural, give location) <b>3039 HARLEM AVE</b> <b>1811 Arunah</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>LIFE</b>	8. DATE OF BIRTH <b>9/18/1915</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Sheet Metal Worker</b>		9. AGE (in years last birthday) <b>36</b>	
10B. KIND OF BUSINESS OR INDUSTRY <b>SHEET METAL</b>		11. BIRTHPLACE (State or foreign country) <b>BALTIMORE</b>	
13. FATHER'S NAME <b>William T. Rudiger</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>YES 12/1945 To 1/1946</b>		14. MOTHER'S MAIDEN NAME <b>Glice V. Hoffman</b>	
16. SOCIAL SECURITY NO. <b>10-3413</b>		17. INFORMANT ADDRESS	

18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Craniocerebral injury</b>		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
(B) DUE TO		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>10/24/51</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Road</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>Joppa Road near Black &amp; Decker 5300</b>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>Oct. 23, 1951 6:45 P.M.</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>Auto &amp; truck collision (passenger)</b>	
22. I certify that I took charge of the remains described above, held an <u>inspection &amp; inquiry</u> thereon and from <u>Autopsy, Inspection or Inquiry</u> the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>Stanley H. Dineen</i> M.D.		23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>		23C. DATE SIGNED <b>Oct. 24, 1951</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>10/24/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>BALTO NATIONAL</b>	
24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>		25. FUNERAL DIRECTOR <b>Chas P. Towell</b>		ADDRESS <b>2427 Edmondson Ave</b>	

V S 151 N 856.2 5913E 170C



2525  
1625  
3147BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9147

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Richard Dockins OR DARKINS</u>		2. DATE OF DEATH <u>10/22/51</u>	
3. PLACE OF DEATH: a. <u>Baltimore City, Maryland</u> <u>University Hospital</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MD</u> b. COUNTY <u>Anne Arundel</u>	
b. FULL NAME OF HOSPITAL OR INSTITUTION <u>University Hospital</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore Md 18</u>	
c. Length of stay in Baltimore <u>30</u> Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) <u>501 N. Carrollton Ave</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>C.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>Aug 9-1914</u>
9. AGE (In years last birthday) <u>37</u>		10. Under 1 Year Months: Days: <u>-</u>	
11. Under 24 Hours Hours: Min. <u>-</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe maker</u>		10b. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <u>William Harkins OR PARKINS</u>		14. MOTHER'S MAIDEN NAME <u>Fitty Williams</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. <u>212-12-4807</u>	
17. INFORMANT <u>Fitty Williams Harkins</u>		ADDRESS <u>Akins S. C.</u>	
18. <u>416 X I</u> CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <u>Pulmonary Edema.</u> DUE TO			
ANTECEDENT CAUSES (B) <u>Rheumatic Heart Disease</u> DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) <u>Hypertensive cardiovascular disease</u>			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19a. DATE OF OPERATION <u>10-22-51</u>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21d. TIME (Month) (Day) (Year) (Hour) INJURY	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>10-20</u> , 19 <u>51</u> , to <u>10-22</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10-22</u> , 19 <u>51</u> , and that death occurred at <u>2:55</u> A.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Joseph C. Fitzgerald</u>		23b. ADDRESS <u>University Hospital</u>	
23c. DATE SIGNED <u>10-22-51</u>			
24a. BURNAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 26/51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mt Auburn</u>		24d. LOCATION (City, town, or county) (State) <u>Baltimore Md</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>Oct 25 1951</u>		REGISTRAR'S SIGNATURE <u>W. Brooks Ruggold</u>	
25. FUNERAL DIRECTOR <u>W. Brooks Ruggold</u>		ADDRESS <u>1463 N. Carey St</u>	

MEDICAL CERTIFICATION

582FE

93c





Approved by  
Medical Examiner  
51 9148-612

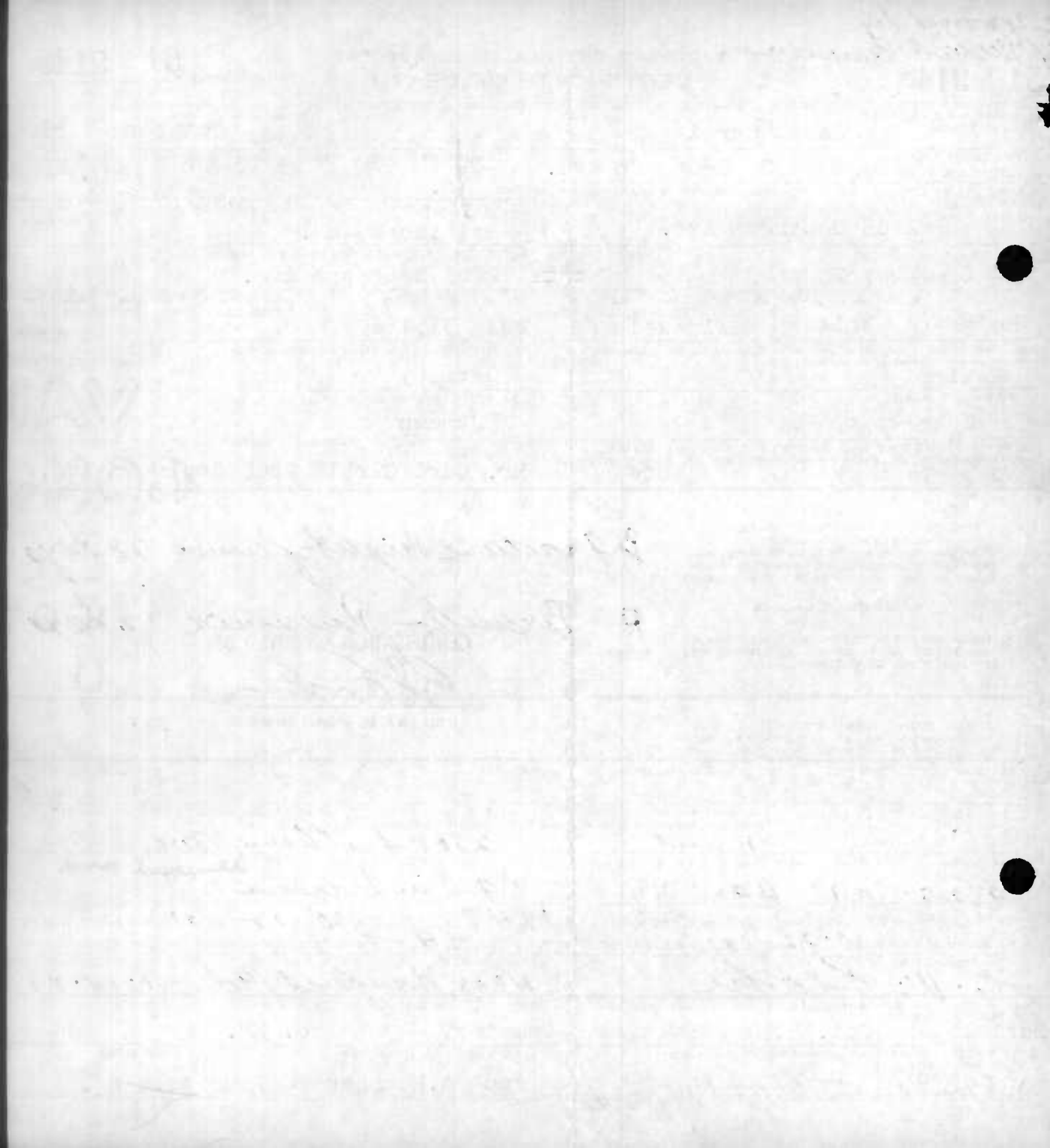
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9148

1. NAME OF DECEASED (Type or Print) <b>Jacob Gerbig</b>			2. DATE OF DEATH <b>October 23, 51</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland 2608 Southern Ave.</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>2608 Southern Ave.</b>			C. CITY OR TOWN (If outside corporate limits, write U.S. and give township) <b>Baltimore Md. 27-03</b>		
C. Length of stay in Baltimore <b>60</b> Yrs. <input type="checkbox"/> Mos. <input checked="" type="checkbox"/> Days			D. STREET ADDRESS (If rural, give location) <b>2608 Southern Ave.</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>July 31, 1869</b>	9. AGE (in years last birthday) <b>82</b>	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Germany</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>Unknown</b>			14. MOTHER'S MAIDEN NAME <b>Unknown</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT ADDRESS <b>Mr. Carl Gerbig 2608 Southern Ave.</b>		

18. <b>E903.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>B fracture right femur</b> DUE TO <b>A Broncho Pneumonia</b> DUE TO (C) <b>B B Fisher M.D.</b> CHIEF OR ASST. MEDICAL EXAMINER.	INTERVAL BETWEEN ONSET AND DEATH <b>28 days</b> <b>2 days</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21C. WHERE DID INJURY OCCUR? <b>2608 Southern Ave.</b>	21F. HOW DID INJURY OCCUR? <b>Slipped and fell in bedroom</b>		
21D. TIME (Month) (Day) (Year) (Hour) <b>9-25-51 4 PM</b>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>				
22. I hereby certify that I attended the deceased from <b>1949</b> , 19, to <b>10-23-</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>10-22</b> , 19 <b>51</b> and that death occurred at <b>4 PM</b> m., from the causes and on the date stated above.					
23A. SIGNATURE <b>C. W. Peake</b>		23B. ADDRESS <b>4508 Harford Rd</b>	23C. DATE SIGNED <b>10-24-51</b>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Oct. 25, 51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Baltimore Cemetery</b>		24D. LOCATION (City, town, or county) (State) <b>Balto. Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 25 1951</b>		REGISTRAR'S SIGNATURE <b>Wm. J. Williams, M.D.</b>		25. FUNERAL DIRECTOR ADDRESS <b>Paul A. Heemann 6067 Harford Rd.</b>	



210

1 9149

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9149

1. NAME OF DECEASED  
(Type or Print)

Mr. William J. O'Keefe

2. DATE  
OF  
DEATH

10/23/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland Bon Secours Hospital

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Bon Secours Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE Maryland B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5041 Frederick Ave.

5. SEX

male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

8/16/84

9. AGE (In years last birthday)

67

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Own business

10B. KIND OF BUSINESS OR INDUSTRY

Lumber

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

Yes.

13. FATHER'S NAME

William O'Keefe

14. MOTHER'S MAIDEN NAME

Violet Thomas

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Amelia E. O'Keefe

ADDRESS

Same

18. 420.1

CAUSE OF DEATH 5041 Frederick Ave

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Myocardial Infarction

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B) Coronary thrombosis

(C)

Arteriosclerosis

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October 22, 1951, to October 23, 1951, that I last saw the deceased alive on October 23, 1951, and that death occurred at 10 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Davis Elgueta

23B. ADDRESS

M. D.

Bon Secours Hospital

23C. DATE SIGNED

10-23-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 26/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park,

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

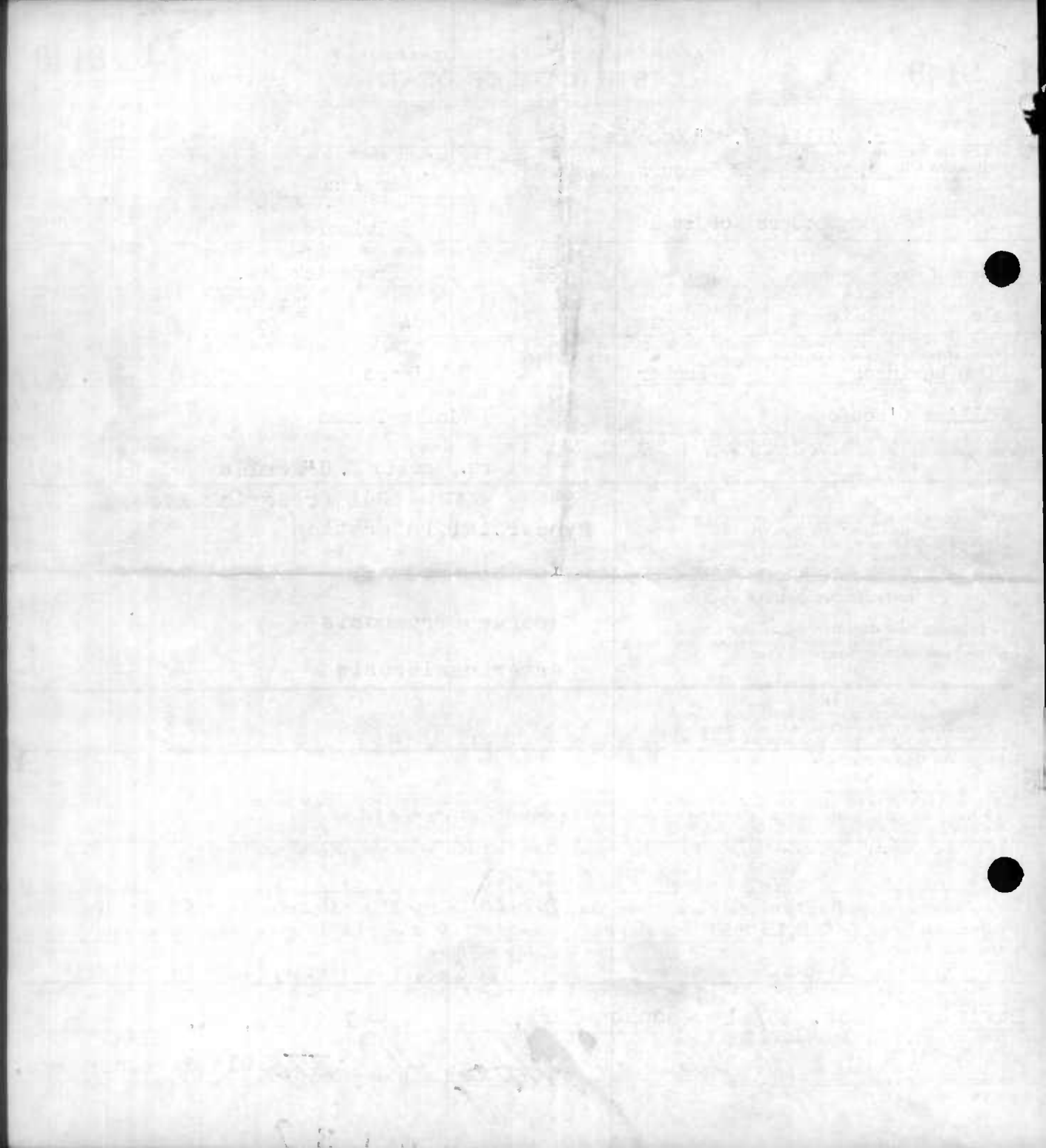
ADDRESS

OCT 25 1951

Huntington Williams, M.D.

Harry H. Witzke

4101 Edmondson Ave.



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 9150  
Registered No. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>WILBUR H. WISWELL</b>		2. DATE OF DEATH <b>Oct. 23, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Mercy Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>3706 W. Franklin Street</b>		E. LENGTH OF STAY IN BALTIMORE <b>1 year</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 16, 1899</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Veterinarian</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Civil Service</b>	9. AGE (In years last birthday) <b>52</b>
11. BIRTHPLACE (State or foreign country) <b>Nebraska</b>		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME <b>Willie Wiswell</b>		14. MOTHER'S MAIDEN NAME <b>Mercy Ralfee</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>Yes World War II</b>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <b>Mrs. Mildred H. Wiswell</b>		ADDRESS <b>3706 W.</b>	

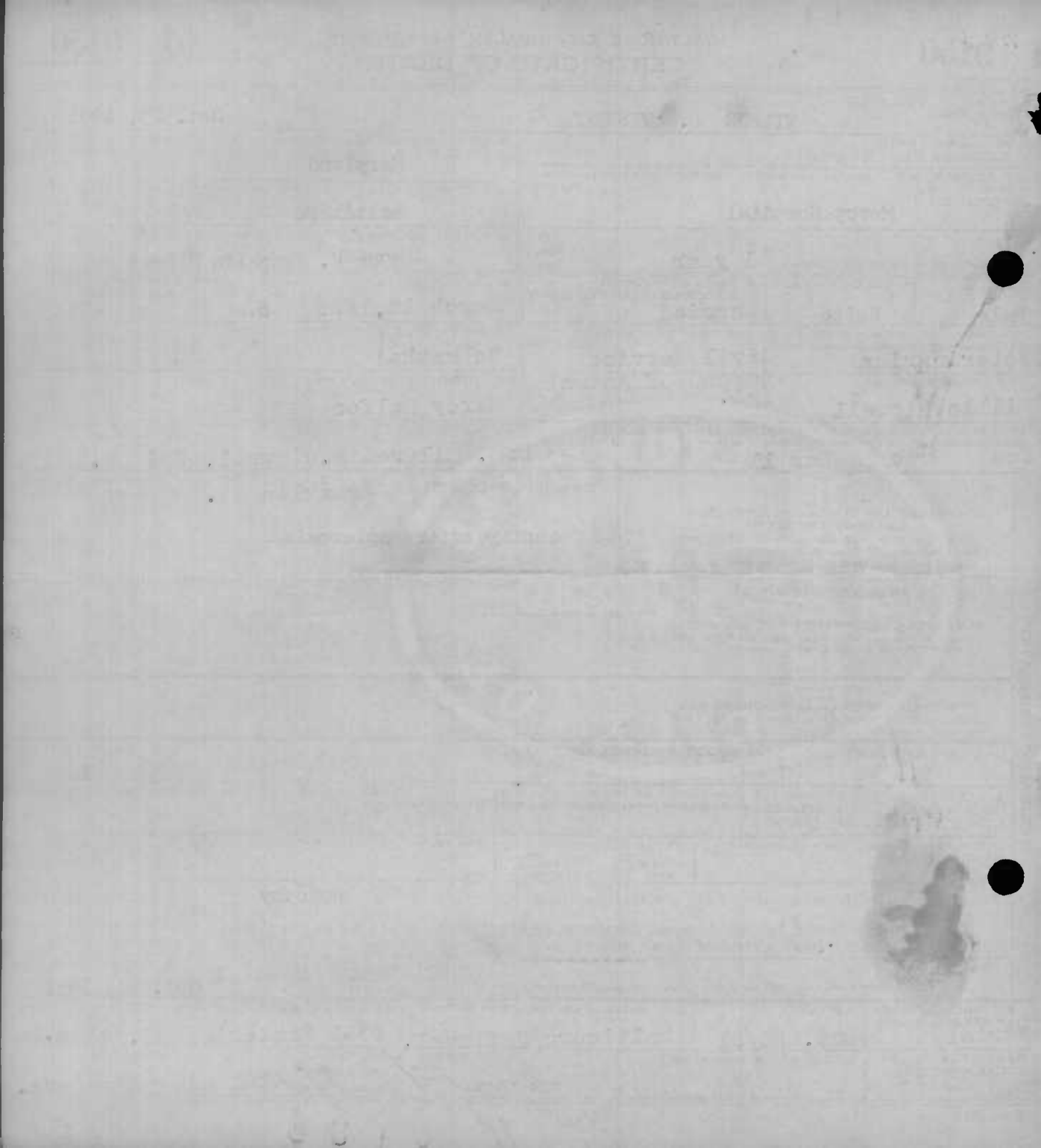
18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary artery sclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH _____
CAUSE OF DEATH <b>Franklin St.</b>		
(A) _____		
DUE TO		
(B) _____		
DUE TO		
(C) _____		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an <b>autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .				
23A. SIGNATURE <i>Henry B. Dunbar</i>		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <b>Oct. 24, 1951</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Oct. 26/51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Baltimore National</b>	24D. LOCATION (City, town, or county) (State) <b>5501 Frederick Rd. Balto. Md</b>	

DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 25 1951</b>	REGISTRAR'S SIGNATURE <i>for Williams, M.</i>	25. FUNERAL DIRECTOR <i>Harry H. Lutz</i>	ADDRESS <b>4101 Edmondson Ave.</b>
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MEDICAL CERTIFICATION



525  
1 9151

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9151

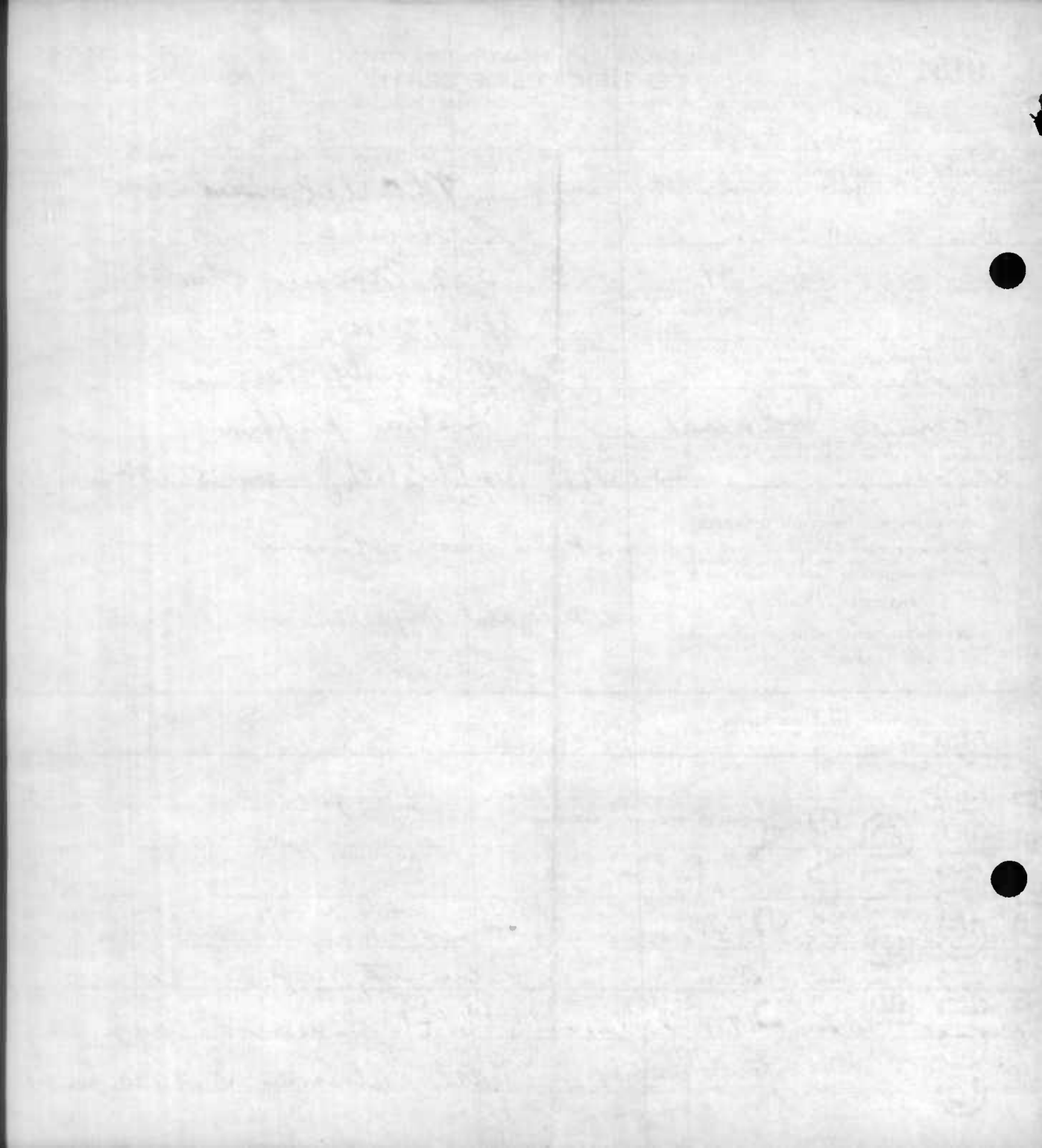
1. NAME OF DECEASED (Type or Print) <i>LeRoy Johnson</i>		2. DATE OF DEATH <i>10-21-51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>St. Louis</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
D. STREET ADDRESS (If rural, give location) <i>513 Mosher Street</i>		E. LENGTH OF STAY IN BALTIMORE <i>21</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>Apr. 13-1909</i>
9. AGE (In years last birthday) <i>42</i>		10. UNDER 1 Year Months: Days: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Pile Driver</i>		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Denver, Colorado</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Samuel Johnson</i>		14. MOTHER'S MAIDEN NAME <i>Julia Ruffin</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>NO</i>		16. SOCIAL SECURITY NO. <i>213-051772</i>	
17. INFORMANT <i>Mrs. Elizabeth Johnson</i>		ADDRESS <i>513 Mosher St.</i>	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>446 X I Kephrosclerosis and menia</i> (A) DUE TO ANTECEDENT CAUSES (B) <i>Malignant Hypertension</i> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>None</i>			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>10-21</i> , 19 <i>51</i> , to <i>10-21</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>10-21</i> , 19 <i>51</i> , and that death occurred at <i>6:15 P.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Joseph C. Fitzgerald</i>		23B. ADDRESS <i>University Hospital</i>	
23C. DATE SIGNED <i>10-21-51</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Oct. 28-1951</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Johnson's Family Plot</i>		24D. LOCATION (City, town, or county) (State) <i>Denver, Colorado</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 25 1951</i>		REGISTRAR'S SIGNATURE <i>Walter J. Williams, M.D.</i>	
25. FUNERAL DIRECTOR <i>Earl Gilmore</i>		ADDRESS <i>519 Mosher St.</i>	

MEDICAL CERTIFICATION

522 24

131a





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **51 9152**

BIRTH NO. <b>51 C-153350</b>		1. NAME OF DECEASED (Type or Print) <b>Doris Marie Crosley</b>		2. DATE OF DEATH <b>10-23-51</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Baltimore City Hospitals</b> <b>4940 Eastern Avenue</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
D. STREET ADDRESS (If rural, give location) <b>1108 Sarah Ann Street</b>			E. LENGTH OF STAY IN BALTIMORE <b>Life</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>N</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>June 11, 1951</b>		9. AGE (in years last birthday) Months Days Hours Min. <b>4 Mos. 4</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
13. FATHER'S NAME <b>Alfred Crosley</b>			14. MOTHER'S MAIDEN NAME <b>Rosalie Lindsey</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <b>B.C.H. Record Room 4940 Eastern Avenue</b>	

18. <b>773.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Dehydration-acidosis</b> DUE TO CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH <b>5 Days</b>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **10-23-51**, 19\_\_, to **10-23-51**, 19\_\_, that I last saw the deceased alive on **10-23-51** and that death occurred at **8:00 P.M.** from the causes and on the date stated above.

23A. SIGNATURE <i>C. S. Crozer</i> M. D.	23B. ADDRESS <b>4940 Eastern Avenue</b>	23C. DATE SIGNED <b>10-24-51</b>
--	--	-------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>10-25-51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mt Calvary</b>	24D. LOCATION (City, town, or county) (State) <b>D. D. County Md</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 25 1951</b>	REGISTRAR'S SIGNATURE <i>Wilmington Williams, M.D.</i>	25. FUNERAL DIRECTOR <b>Chas. H. Harper</b>	ADDRESS <b>512 Canewood Ave.</b>

VS 150

TO BE APPROVED BY THE MEDICAL EXAMINER

100 161c

NOT A MEDICAL EXAMINER'S CASE

*Robertson*

M.D.

CHIEF OR ASST. MEDICAL EXAMINER

421  
51 9153

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9153  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>KATE SILGOFISKY</b>		2. DATE OF DEATH <b>October 24/51</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>2476 Shirley Avenue</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>27-1</b>			
D. STREET ADDRESS (If rural, give location) <b>5047 Chalgrove Avenue</b>		E. LENGTH OF STAY IN BALTIMORE <b>Life</b> Yrs. Mos. Days			
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>1904</b>	9. AGE (In years last birthday) <b>46</b>	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>own home</b>		11. BIRTHPLACE (State or foreign country) <b>Russia</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>Reuben Chinn</b>		14. MOTHER'S MAIDEN NAME <b>Ida</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <b>Michael Silgofsky-5047 Chalgrove Avenue</b>	

18. <b>170X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Carcinoma of breast &amp; generalized metastases</b> DUE TO (A) (B) (C)		INTERVAL BETWEEN ONSET AND DEATH <b>Sev. yrs.</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>1949?</b>		19B. MAJOR FINDINGS OF OPERATION <b>Carcinoma of breast</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>9-9</b> , 1951, to <b>10-24</b> , 1951, that I last saw the deceased alive on <b>10/22</b> , 1951, and that death occurred at <b>1:10 P</b> m., from the causes and on the date stated above.					
23A. SIGNATURE <b>Stanley K. Steinbach</b> M. D.		23B. ADDRESS <b>3334 Dolfield Ave</b>		23C. DATE SIGNED <b>10-24-51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10/25/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Anshei Nesina Congregation</b>	
24D. LOCATION (City, town, or county) (State) <b>Baltimore, Maryland</b>		24E. DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 25 1951</b>		24F. REGISTRAR'S SIGNATURE <b>W. H. Williams, M.D.</b>	
24G. FUNERAL DIRECTOR <b>Sol. Blinson</b>		24H. ADDRESS <b>Buz.-1124-26 W. North Avenue</b>		24I. VS 150	

MEDICAL CERTIFICATION

50 Avenue



460  
1 9154

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

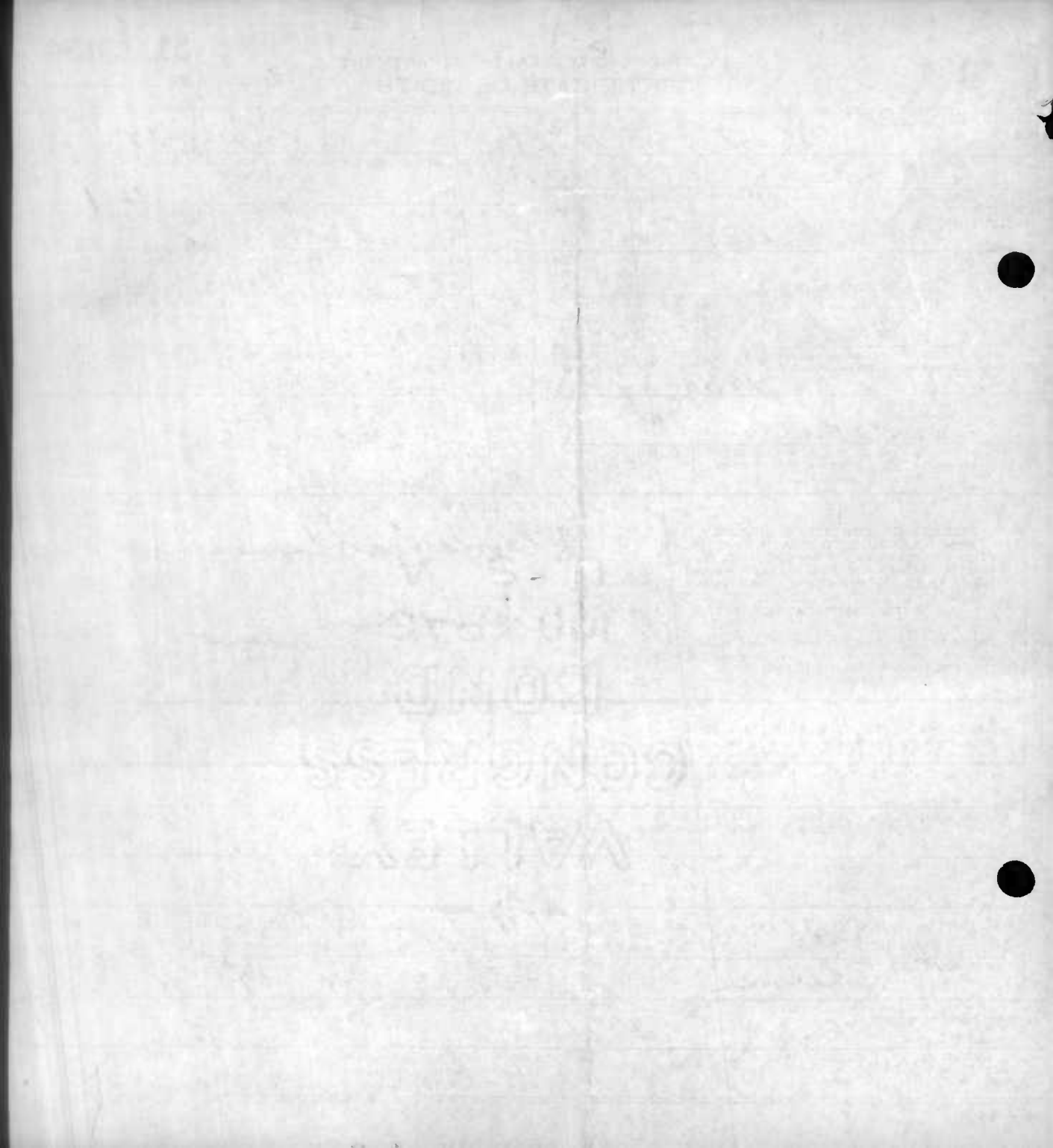
51 9154

Registered No. \_\_\_\_\_

BIRTH NO. _____		1. NAME OF DECEASED (Type or Print) <i>Charles L. Miller</i>		2. DATE OF DEATH <i>10/22/51 11:15 a.m.</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>228 S. Dallas Court</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i>			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>228 S. Dallas Court</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>9/22/1867</i>	9. AGE (In years last birthday) <i>84</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>St. Cleaning Dept.</i>		11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>	
13. FATHER'S NAME <i>John Miller</i>		12. CITIZEN OF WHAT COUNTRY? _____			
14. MOTHER'S MAIDEN NAME <i>Martha Lancaster</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>			
16. SOCIAL SECURITY NO. _____		17. INFORMANT ADDRESS <i>Mary Kailer 3503 Elm Ave</i>			
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Myocardia Regeneration</i>		CAUSE OF DEATH (A) _____ DUE TO (B) <i>Arteriosclerosis - generalized</i> DUE TO (C) _____		INTERVAL BETWEEN ONSET AND DEATH <i>6 mo</i> <i>?</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1948</i> , 19 <i>51</i> , to <i>10/22/51</i> , 19 <i>51</i> ; that I last saw the deceased alive on <i>10/13</i> , 19 <i>51</i> , and that death occurred at <i>11:15</i> a.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>L. Kline</i>		23B. ADDRESS <i>2623 E. Mon. St.</i>		23C. DATE SIGNED <i>10/24/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>10/26/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Western</i>	
24D. LOCATION (City, town, or county) <i>Balto. Md.</i>		24E. FUNERAL DIRECTOR ADDRESS <i>Wm Cook Inc. 1217 St. Paul St.</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 25 1951</i>		REGISTRAR'S SIGNATURE <i>Wm Cook Inc. 1217 St. Paul St.</i>			

MEDICAL CERTIFICATION







500  
51 9155BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9155  
Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
EARL W. GINN		Oct. 24, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Union Memorial Hospital		A. STATE Maryland	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		B. COUNTY	
D. STREET ADDRESS (If rural, give location) 405 Cedarcroft Road			
5. LENGTH OF STAY IN BALTIMORE Life		B. DATE OF BIRTH	
SEX Male		9. AGE (in years last birthday) 62	
6. COLOR OR RACE White		11. BIRTHPLACE (State or foreign country) Baltimore Md	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		12. CITIZEN OF WHAT COUNTRY?	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steamship Steward		14. MOTHER'S MAIDEN NAME Virginia Cooke	
13. FATHER'S NAME William Ginn		17. INFORMANT ADDRESS Virginia Ginn 405 Cedarcroft Road	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. 092-14-4025	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) F812.4 CAUSE OF DEATH (A) Fracture of skull DUE TO (B) Cerebral hemorrhage DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH			
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIB-UTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.) Street North Avenue and Mt. Royal	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Oct. 23, 1951 10:50 P. m.	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Pedestrian struck by auto	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input checked="" type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/>			
23A. SIGNATURE H. D. Durlacher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
23C. DATE SIGNED Oct. 24, 1951			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Oct 26 1951	
24C. NAME OF CEMETERY OR CREMATORY Arlington		24D. LOCATION (City, town, or county) (State) Virginia	
DATE RECEIVED BY LOCAL REGISTRAR OCT 25 1951		REGISTRAR'S SIGNATURE W. H. Williams	
VS 151		F. FUNERAL DIRECTOR N. H. Amos	
N-803.2		ADDRESS 4204 Ridgewood Ave.	
764 55		170c	

CENTRAL BANK OF THE UNITED STATES

DATE

AMOUNT

TO THE ORDER OF

FOR DEPOSIT

IN FULL

OF THE

ACCOUNT OF

THE CENTRAL BANK OF THE UNITED STATES

AT NEW YORK

THIS CERTIFICATE IS VALID FOR THE DEPOSIT OF

THE SUM OF

ONE HUNDRED DOLLARS

AND NO OTHER RECEIPT REQUIRED

DEPOSITED

ON

AT

BY

FOR

1901

500

ND-148369

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9156

BIRTH NO. 8156

1. NAME OF DECEASED  
(Type or Print)

Thomas G. Quinn

2. DATE  
OF  
DEATH

Oct. 24, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION Baltimore City Hospitals

4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
Baltimore township)

D. STREET ADDRESS (If rural, give location)

2030 Penrose Ave. (23)

Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan. 28, 1893

9. AGE (In years  
last birthday)

58

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Packer

10B. KIND OF BUSINESS OR  
INDUSTRY

Blackwell Co.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

John (D)

Quinn

Packing VEG. (1)

14. MOTHER'S MAIDEN NAME

Delia Nestor

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.17. INFORMANT Baltimore City Hospitals  
Records: 4940 Eastern Avenue

18. 420.1

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Coronary artery sclerosis

DUE TO

INTERVAL BETWEEN  
ONSET AND DEATH

Yrs.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Acute Coronary thrombosis

DUE TO

Sudden

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-10, 19 51 to 10-24, 19 51 that I last saw the  
deceased alive on 10-24, 19 51 and that death occurred at 5:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE

R. S. Rogers

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

10-24-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/27/51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

4300 Old Frederick Rd.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John J. Cowan &amp; Son

ADDRESS

Hollins

1899  
32  

---

1931

612  
51 9157BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9157  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>Mollie E SURVICK</b>		2. DATE OF DEATH <b>OCT 23 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>3510<sup>N</sup> HILTON ST</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MD.</b> B. COUNTY <b>18-03</b>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Shriner Nursing Home</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>			
Length of stay in Baltimore Yrs. <b>1</b> Mos. <b>1</b> Days <b>1</b>		D. STREET ADDRESS (If rural, give location) <b>851 W. Lombard</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>H. W.</b>		10B. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH <b>Sept 1864</b>	
13. FATHER'S NAME <b>UNKNOWN</b>		11. BIRTHPLACE (State or foreign country) <b>Frederick MD</b>		9. AGE (In years last birthday) <b>87</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>NO</b>		16. SOCIAL SECURITY NO.		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
17. INFORMANT <b>Austin MacKENZIE - ORKlee</b>		14. MOTHER'S MAIDEN NAME <b>! STARR</b>		ADDRESS	
18. <b>491X and E 903.0</b>		CAUSE OF DEATH		INTERVIEWED ONSET AND DEATH <b>Village 2 mo.</b>	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <b>Branchopneumonia</b> DUE TO <b>Emaciation</b>			
ANTECEDENT CAUSES		(B) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<b>Fracture Rt Hip.</b>			
19A. DATE OF OPERATION <b>8/11/51</b>		19B. MAJOR FINDINGS OF OPERATION <b>Fracture Hip.</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input checked="" type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>851 Lombard ST</b>	
21D. TIME (Month) (Day) (Year) (Hour) <b>About 7/10/51</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>Fell on level at home.</b>	
22. I certify that I took charge of the remains described above, held an <b>Inquiry</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <b>R. S. Fisher</b>		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D.		23C. DATE SIGNED <b>10/25/51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>10-26-51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>LORRAINE Cem</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 25 1951</b>		REGISTRAR'S SIGNATURE <b>Wilmington Williams, M.D.</b>		24D. LOCATION (City, town, or county) (State) <b>WIMBOR AVE BALTO MD</b>	
VS 151		25. FUNERAL DIRECTOR <b>Thos. J. Kenny Inc. 1600 Hollins</b>		ADDRESS	

N-820.1

107

G1- 5473

CERTIFICATE OF DEATH

Registered No.

1 9158

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

William D. White or (Whyte)

2. DATE  
OF  
DEATH

24th  
October 23, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTE 5526 Hilltop Ave.,

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5526 Hilltop Ave.,

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

Male

White

Widower

Oct. 10, 1886

65

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Clerk-Coal & Coke Div. B. & O.R.R.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Robert H. White

14. MOTHER'S MAIDEN NAME

Laura Murray

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Roberta Potocki 5526 Hilltop Ave

18. 4/20.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

3 hours

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

no

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

home

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1945, to 10/24, 1951, that I last saw the deceased alive on 10/24, 1951, and that death occurred at 12:30 am., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10-27-1951

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county)

Woodlawn,

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

G. Howard Strong 3207 W. North Ave.,



Dr. George McLean  
Linn Lye Bldg.

200  
51 9159BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

X Registered No. 51 9159

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Clifton Raymond Beach

2. DATE  
OF  
DEATH October 19, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION US PHS Hospital

Baltimore 11, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Pennsylvania

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Pittsburgh

D. STREET ADDRESS (If rural, give location)

1210 Allegheny Avenue

C. Length of stay in Baltimore

1

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

August 14, 1888

9. AGE (in years  
last birthday) Months Days If Under 1 Year If Under 24 Hours

63

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Engineer

10B. KIND OF BUSINESS OR  
INDUSTRY

Seafaring

11. BIRTHPLACE (State or foreign country)

Pittsburgh, Penna.

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

William Beach

14. MOTHER'S MAIDEN NAME

Annie Mullin

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL  
SECURITY NO.

7-

17. INFORMANT ADDRESS  
Records - US PHS Hospital, Balto., Md.

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CAUSE LAST.146X I  
Carcinoma, transitional cell, naso-  
pharynx with widespread metastases  
DUE TO(B) DUE TO  
Bronchopneumonia  
(C)INTERVAL BETWEEN  
ONSET AND DEATH

Over 1 yr.

Unknown

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from September 13, 1951, to Oct. 19, 1951, that I last saw the  
deceased alive on Oct. 19, 1951, and that death occurred at 1:00 P., from the causes and on the date stated above.

23A. SIGNATURE

John L. Wilson, Medical Director M. D.

23B. ADDRESS

US PHS Hospital, Balto., Md.

23C. DATE SIGNED

10/24/51

24A. BURIAL, CREM-  
ATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



640  
1 9160

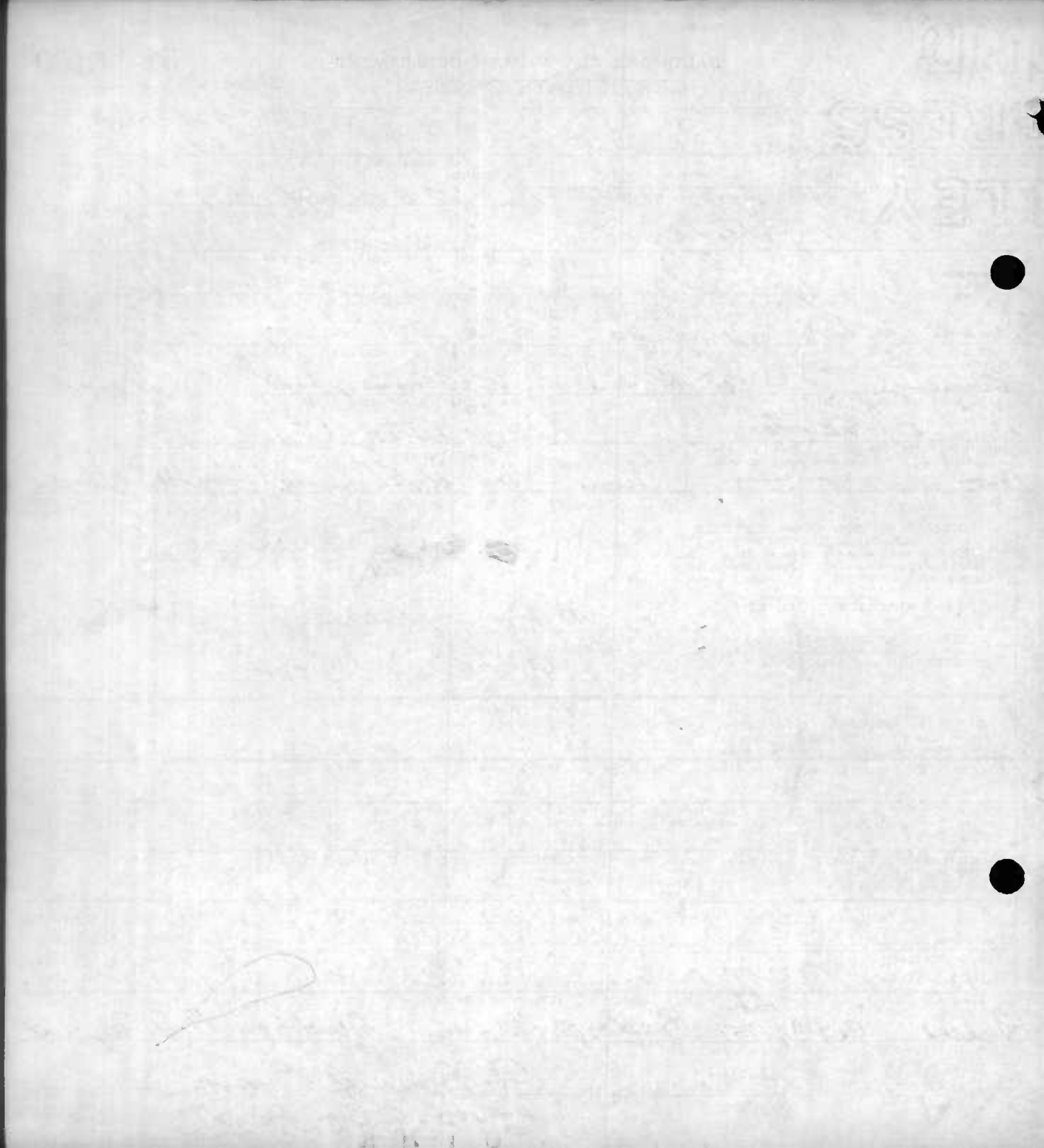
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9160  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Flurence Carroll</i>		2. DATE OF DEATH <i>Wed: Oct. 24 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>_____</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1511 Patapsco St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>23-02</i>			
C. Length of stay in Baltimore <i>Life -</i>		D. STREET ADDRESS (If rural, give location) <i>1511 Patapsco St.</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Aug. 22, 1874</i>	9. AGE (In years last birthday) <i>77</i>	If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at Home</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>	
13. FATHER'S NAME <i>(P) Thornton</i>		16. SOCIAL SECURITY NO. <i>None</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>None</i>		14. MOTHER'S MAIDEN NAME <i>Bester (P)</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT <i>Mrs. Elsie Courney (Daughter)</i>	
18. <i>443 X 1</i>		CAUSE OF DEATH		ADDRESS <i>Same</i>	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) <i>Myocardial degeneration</i>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(B) <i>Hypertension</i>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) <i>Arterio Sclerosis</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>May 1950</i> to <i>Oct 1951</i> , that I last saw the deceased alive on <i>Oct 1951</i> , and that death occurred at <i>8 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>James J. McGee</i>		23B. ADDRESS <i>15 Randall Dr.</i>		23C. DATE SIGNED <i>10/25/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Oct 27, 1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Beechcroft Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>Brooklyn, P. O. Co., Md.</i>		25. FUNERAL DIRECTOR <i>G. Howard Evans</i>		ADDRESS <i>1400 S. Charles St.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>Oct 25 1951</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>G. Howard Evans</i>	

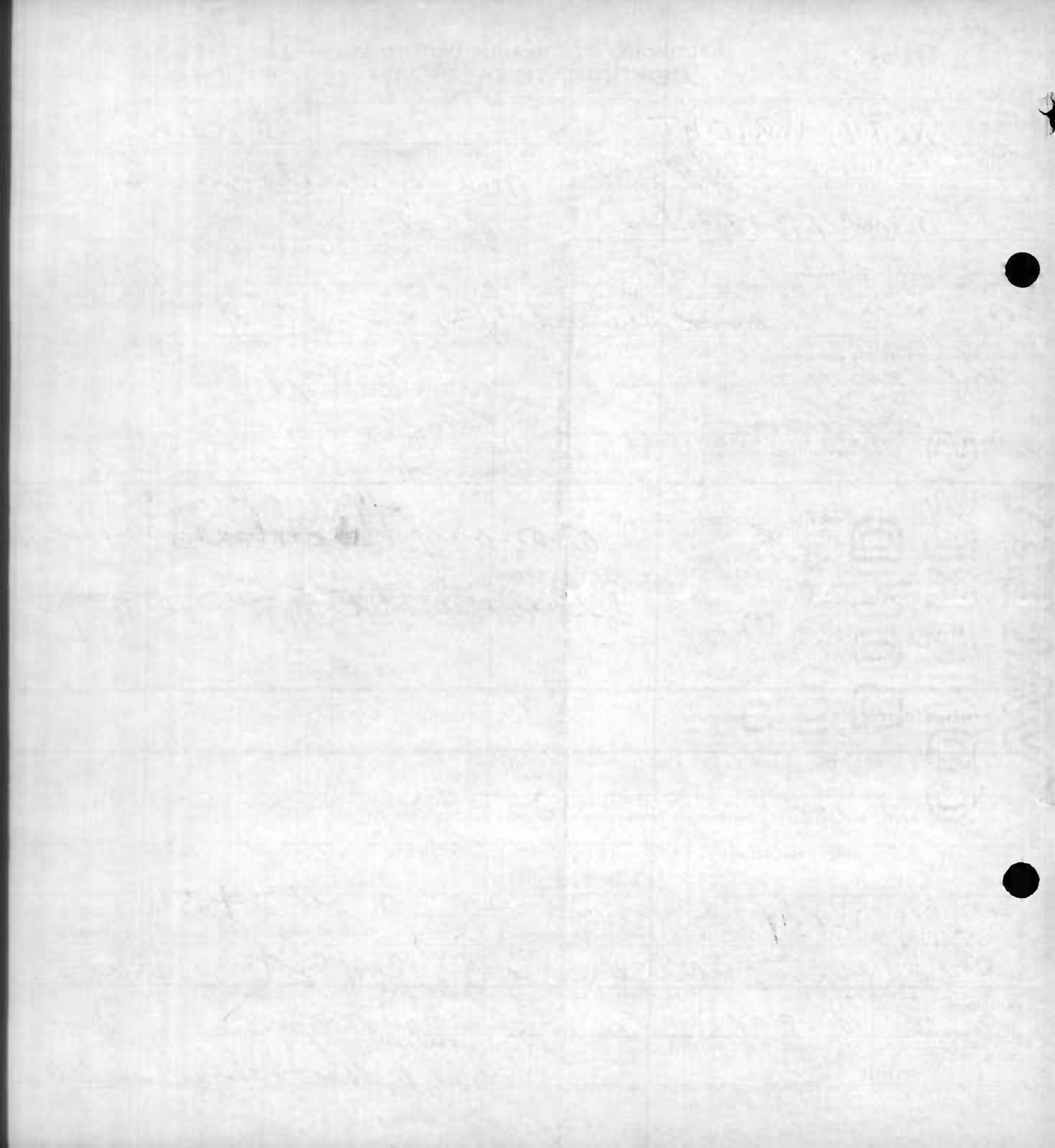
MEDICAL CERTIFICATION

937











**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. \_\_\_\_\_

51 9162

1. NAME OF DECEASED (Type or Print) <b>LENA MAE HALL</b>		2. DATE OF DEATH <b>October 22, 1951</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Provident Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>1608 Bellmore Court</b>		E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b>	8. DATE OF BIRTH <b>10/20/06</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>H. Wife</b>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>45</b>
13. FATHER'S NAME <b>Crockett Yellow Ray</b>		11. BIRTHPLACE (State or foreign country) <b>N. C.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
16. SOCIAL SECURITY NO. <b>none</b>		14. MOTHER'S MAIDEN NAME <b>Mollie Williams</b>	
17. INFORMANT <b>Dennis Hall 1608 Balmor Ct.</b>		ADDRESS	

18. <b>443 X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Hypertensive cardiovascular disease</b> DUE TO _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO _____ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH <b>Hypertensive cardiovascular disease</b> (A) _____ (B) _____ (C) _____	INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

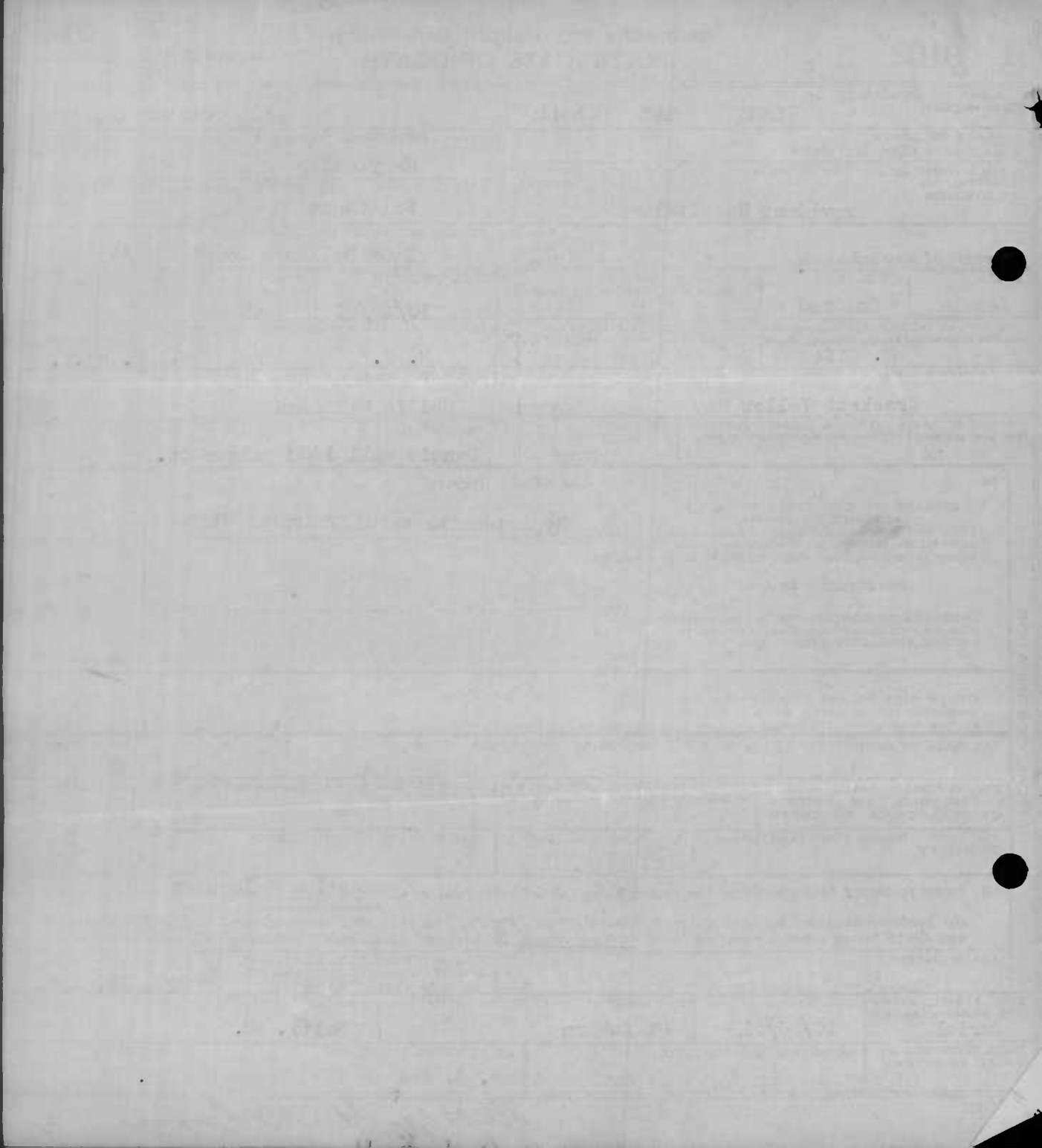
23A. SIGNATURE <i>William H. Kelson</i>	23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>	23C. DATE SIGNED <b>Oct. 23, 1951</b>
--	--	--

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>10/26/51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mt Auburn</b>	24D. LOCATION (City, town, or county) (State) <b>Balto. Md.</b>
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DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 25 1951</b>	REGISTRAR'S SIGNATURE <i>George H. Kelson</i>	25. FUNERAL DIRECTOR <b>Geo. G. Kelson 1303 President St.</b>	ADDRESS <b>937</b>
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*George H. Kelson*

MEDICAL CERTIFICATION



P-646  
51 9163  
BIRTH NO. 9163

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9163

1. NAME OF DECEASED (Type or Print)		HENRY I. PARLOR		2. DATE OF DEATH October 18, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 1314 N. Stricker Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
Length of stay in Baltimore ? Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1314 N. Stricker Street 15-01			
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 1898	9. AGE (In years last birthday) 53	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY unknown		11. BIRTHPLACE (State or foreign country) S. C.	
12. CITIZEN OF U. S.		13. FATHER'S NAME			
14. MOTHER'S MAIDEN NAME ?		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			
16. SOCIAL SECURITY NO. ?		17. INFORMANT Cora Becton 1314 N. Stricker St			

18. 490x and 32x1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Lobar pneumonia DUE TO CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST. Chronic alcoholism	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

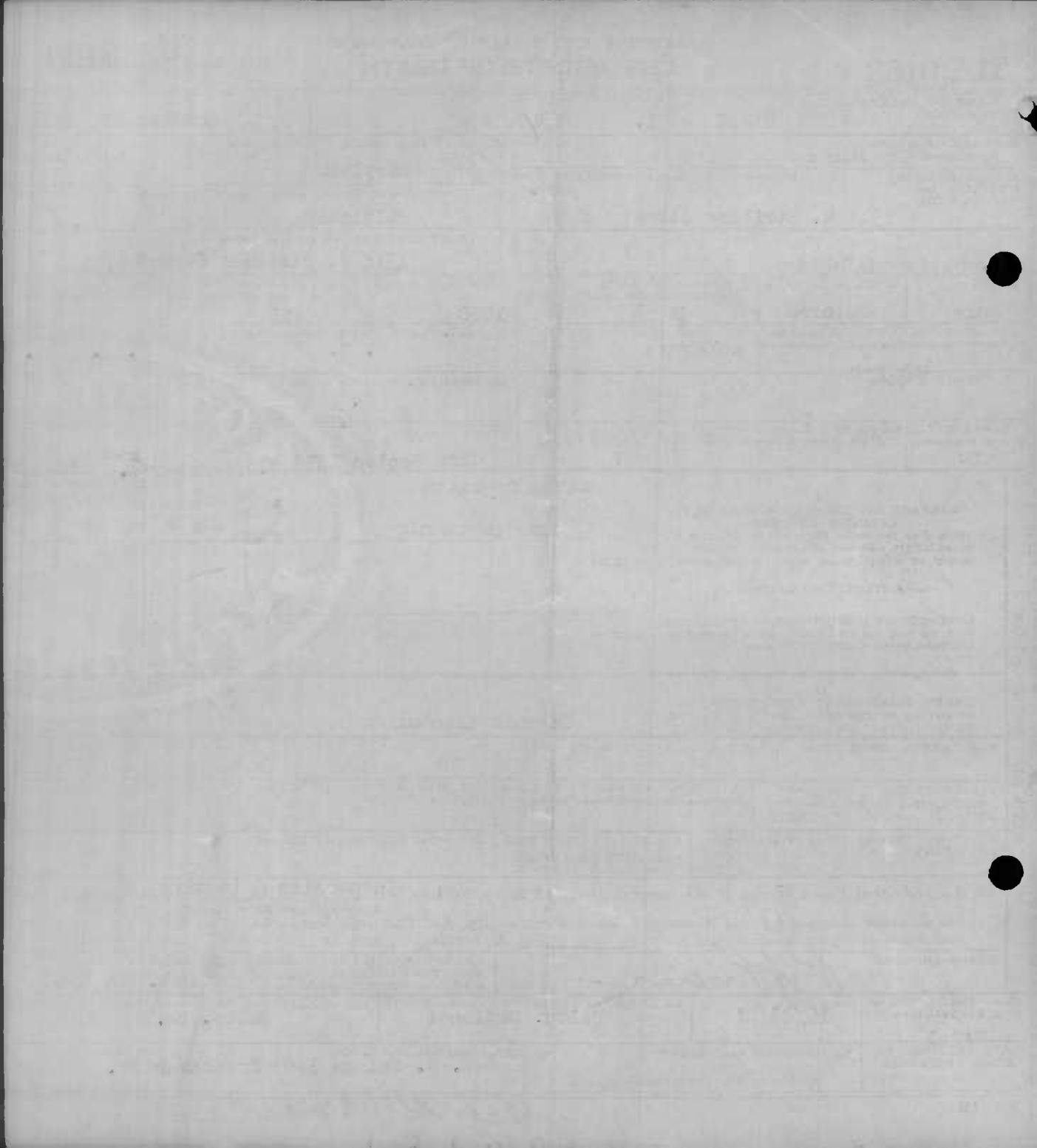
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>[Signature]</i>		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Oct. 20, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/25/51		24C. NAME OF CEMETERY OR CREMATORY Balto. National	
24D. LOCATION (City, town, or county) Balto. Md.		24E. LOCATION (State)			

DATE RECEIVED BY LOCAL REGISTRAR OCT 25 1951		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR Geo. G. Kelson 1303 Presstman St.	
ADDRESS		ADDRESS			

V S 151  
97099 Geo. G. Kelson 108



S-600  
51 9164BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9164

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Scheuer, Bernard W.

2. DATE  
OF  
DEATH

10/24/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

44 UNION MEMORIAL HOSPITAL

Yrs.  
Mos.  
Days

Length of stay in Baltimore

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

DIVORCED

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

817 ST. Paul St.

11-01

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

DIVORCED

8. DATE OF BIRTH

Feb. 16, 1899

9. AGE (In years  
last birthday)

52

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

EXECUTIVE

10B. KIND OF BUSINESS OR  
INDUSTRY

Vending Machine

11. BIRTHPLACE (State or foreign country)

ALABAMA

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

MOSE SCHEUER

DIST.

14. MOTHER'S MAIDEN NAME

Lillie Wolf

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

?

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18.

42001

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

myocardial infarction

?

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

coronary thrombosis  
arteriosclerotic heart disease

?

?

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

generalized arteriosclerosis

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK WORK AT WORK22. I hereby certify that I attended the deceased from OCTOBER 24, 1951 to OCT. 24, 1951, that I last saw the  
deceased alive on OCT. 24, 1951, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Alfred S. Nelson

M. D.

23B. ADDRESS Union Memorial Hospital  
Baltimore & Maryland

23C. DATE SIGNED Oct 24, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

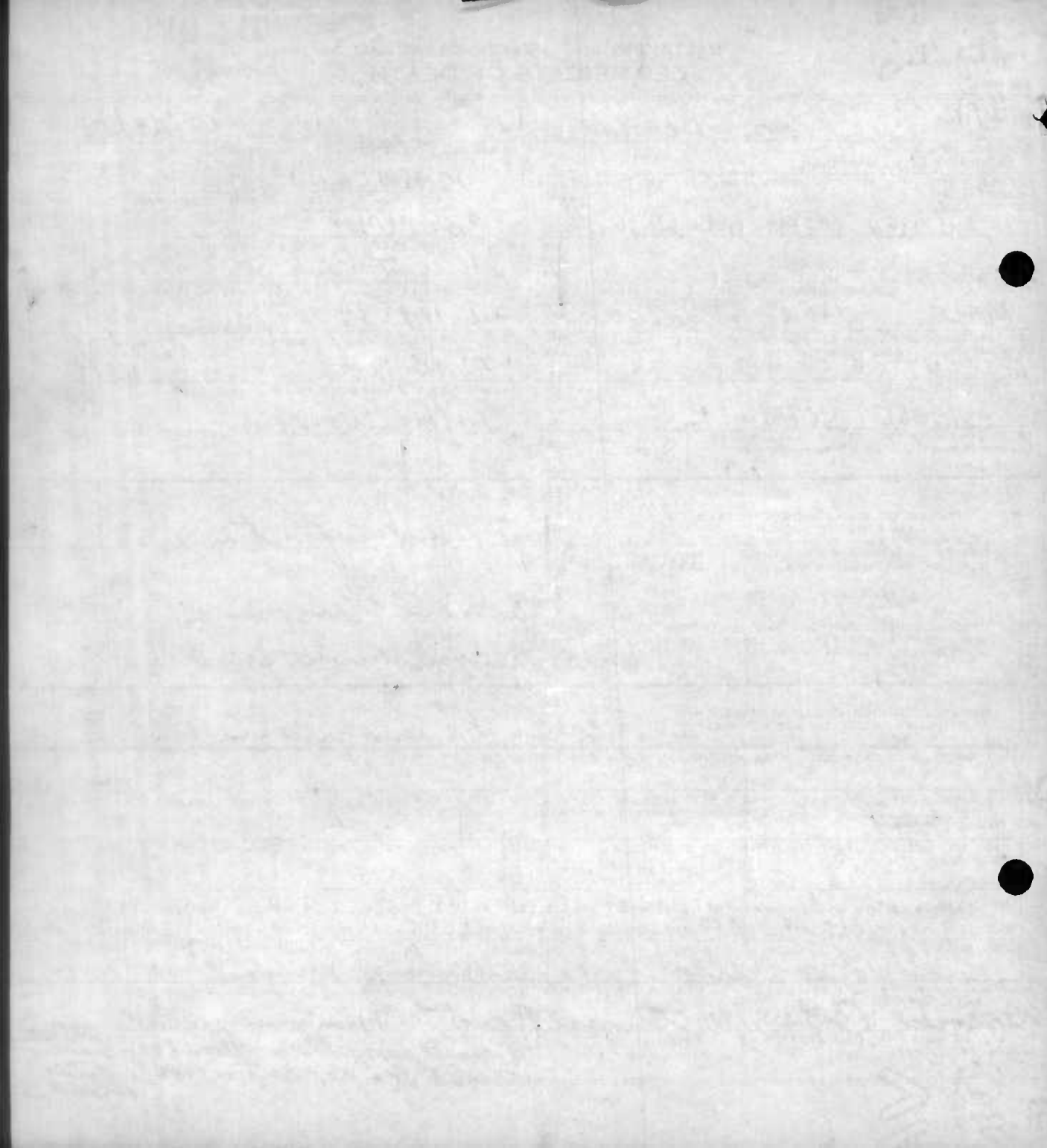
25. FUNERAL DIRECTOR

ADDRESS

UG1251

Oct 25, 1951 Eternal Rest Montgomery Alabama

David R. Martin 1102 E. 1st St. Baltimore



62 51 9165

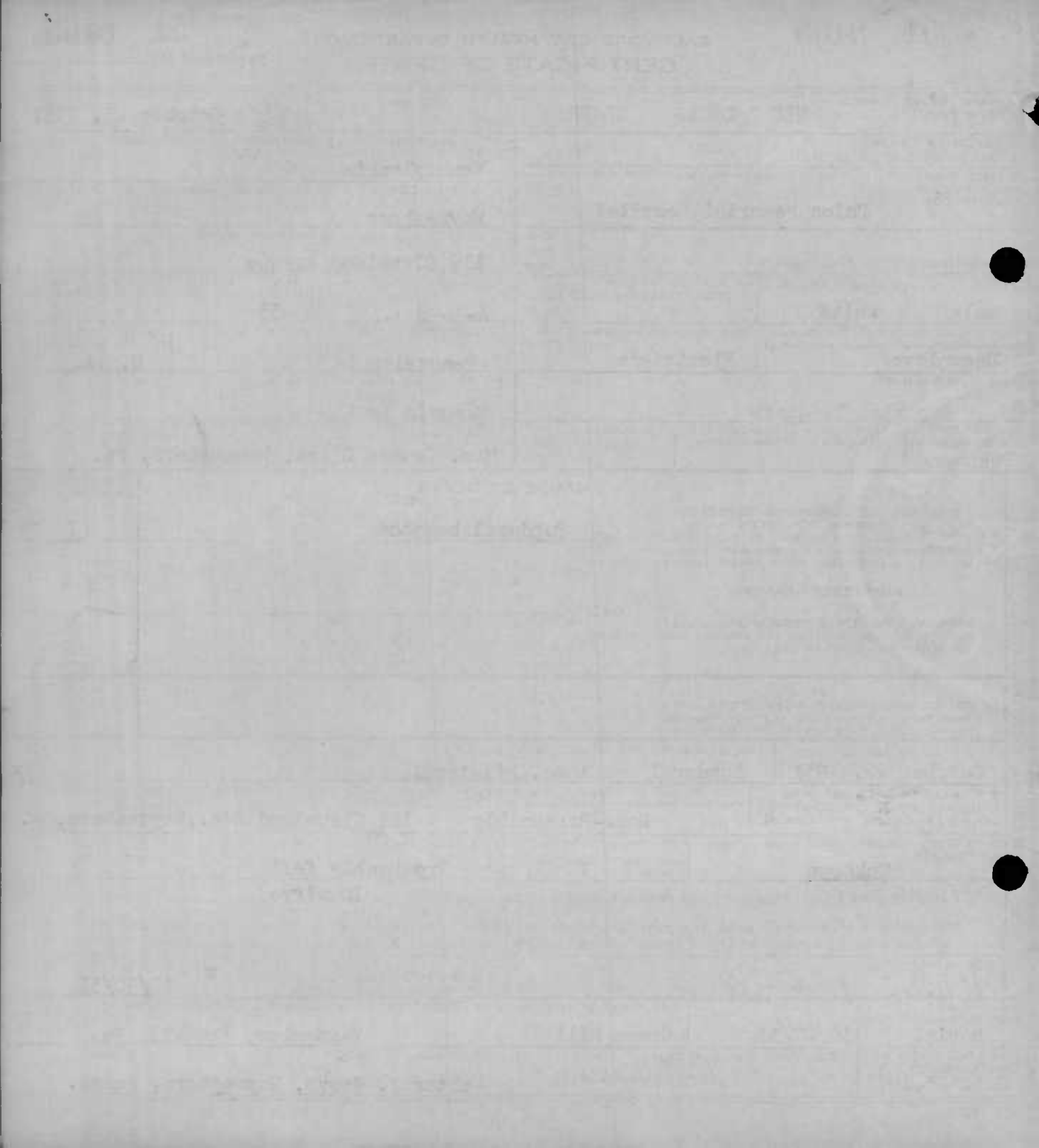
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9165  
Registered No.

BIRTH NO.		2. DATE OF DEATH October 25, 1951	
1. NAME OF DECEASED (Type or Print) NED LOUIS CLARK		3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Pennsylvania B. COUNTY Y-35 C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Waynesboro D. STREET ADDRESS (If rural, give location) 119 Cleveland Avenue	
5. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		8. DATE OF BIRTH 4-1-98	
6. COLOR OR RACE male white		9. AGE (In years last birthday) 53	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		11. BIRTHPLACE (State or foreign country) Pennsylvania	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10B. KIND OF BUSINESS OR INDUSTRY Electrician		14. MOTHER'S MAIDEN NAME Jennie Yost	
13. FATHER'S NAME Charles F. Clark		17. INFORMANT ADDRESS Mrs. Jennie Clark, Waynesboro, Pa.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO.	

18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Subdural hematoma (A) DUE TO ANTECEDENT CAUSES (B) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH ?
---	---------------------------------------

19A. DATE OF OPERATION October 22, 1951		19B. MAJOR FINDINGS OF OPERATION Subdural hematoma, bilateral		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home-Presumably		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 119 Cleveland Ave., Waynesboro, Pa.	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Unknown		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> ? NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? Presumably fell	
22. I certify that I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William W. ...		23B. CHIEF MEDICAL EXAMINER ... ASSISTANT MEDICAL EXAMINER ... M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED 10/30/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/27/51		24C. NAME OF CEMETERY OR CREMATORY Green Hill	
24D. LOCATION (City, town, or county) (State) Waynesboro Franklin Pa.		25. FUNERAL DIRECTOR ADDRESS Walter J. Grove, Waynesboro, Penna.			
DATE RECEIVED BY LOCAL REGISTRAR Oct. 25, 1951		REGISTRAR'S SIGNATURE Walter J. Grove			





200  
51 9166  
BIRTH NO.ROSS  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9166

1. NAME OF DECEASED (Type or Print) <b>Fannie</b>			2. DATE OF DEATH <b>Oct-23-1951</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland Balto. City</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>17-02</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>1033 North Stricker Street</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
Length of stay in Baltimore <b>Life</b>			D. STREET ADDRESS (If rural, give location) <b>1013 Shields Place</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Col.</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept-19-1897</b>	9. AGE (In years last birthday) <b>54</b>	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			11. BIRTHPLACE (State or foreign country) <b>Baltimore</b>		
10B. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13. FATHER'S NAME <b>John Lockman</b>			14. MOTHER'S MAIDEN NAME <b>Sallie Wilson</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>Henretta Lockman</b>			ADDRESS <b>1013 N. Stricker St</b>		

18. <b>174X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Carcinoma of uterus</b> DUE TO (A) <b>18 mos</b> (B) <b>18 mos</b> (C) <b>18 mos</b>		INTERVAL BETWEEN ONSET AND DEATH <b>18 mos</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>3-20-1950</b> to <b>10-6-51</b> , that I last saw the deceased alive on <b>3-23-1951</b> , and that death occurred at <b>11:54 a.m.</b> from the causes and on the date stated above.					
23A. SIGNATURE <b>W. Atwell Jones</b>		23B. ADDRESS <b>5554 Dolphin St</b>		23C. DATE SIGNED <b>10/25/51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10/26/1951</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Mt Zion Cem.</b>	
24D. LOCATION (City, town, or county) (State) <b>Baltimore Md.</b>		24E. FUNERAL DIRECTOR <b>Thoy O. Wilson</b>		ADDRESS <b>1000 Brantly ave</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 25 1951</b>		REGISTRAR'S SIGNATURE <b>W. Atwell Jones</b>		VS 150	

48 B

THE UNIVERSITY OF CHICAGO

LIBRARY

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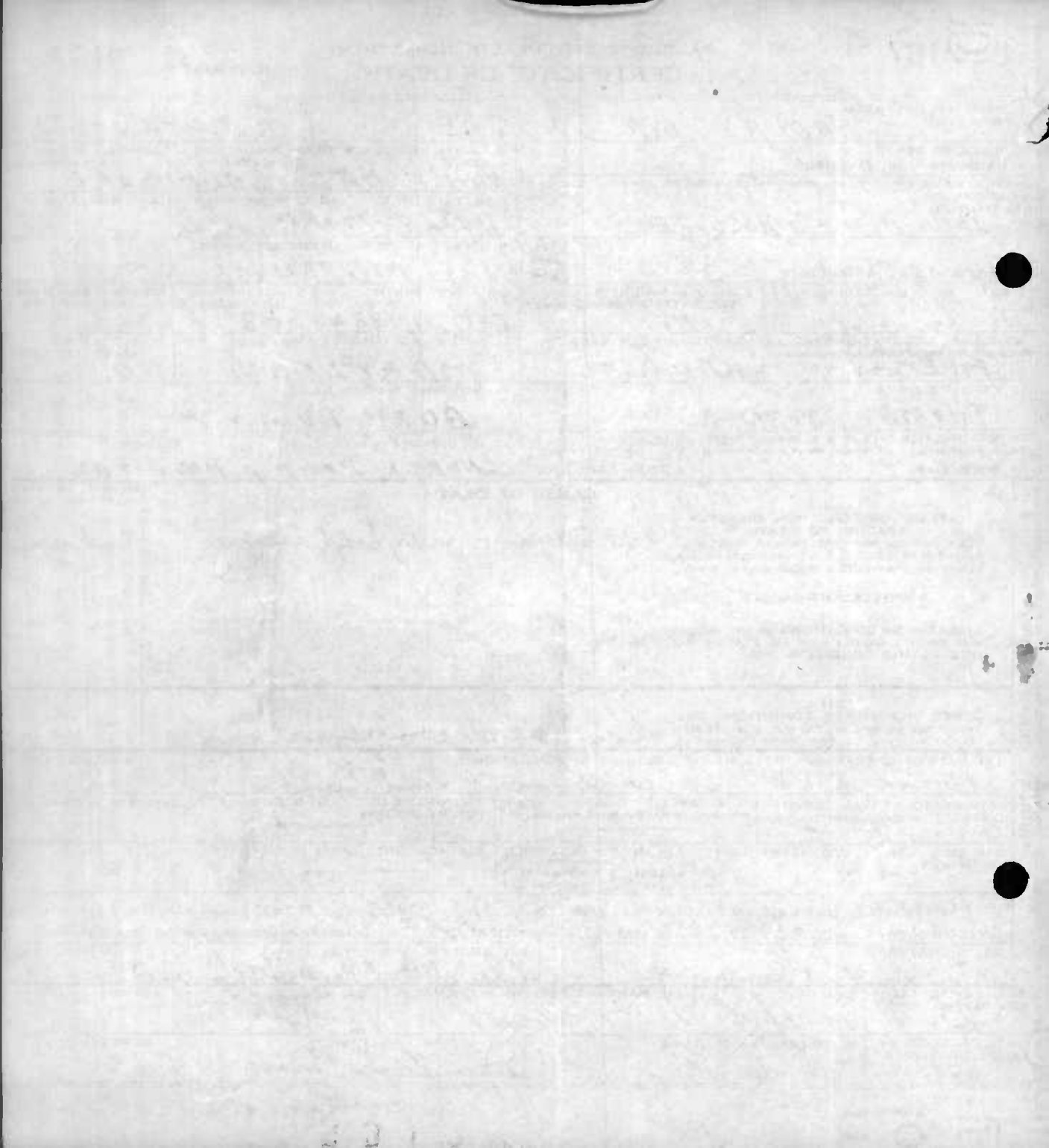
1993

1994

520  
51 9167BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9167

BIRTH NO.		2. DATE OF DEATH 10-23-51	
1. NAME OF DECEASED (Type or Print) THOMAS, MR. GEORGE			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND, BALTIMORE B. COUNTY C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE, MD 23-06 D. STREET ADDRESS (If rural, give location) 1218 MARSHALL ST.	
B. FULL NAME OF HOSPITAL OR INSTITUTION CHURCH HOME & HOSPITAL			
length of stay in Baltimore 68 Yrs. Mos. Days			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH DEC. 31, 1882 68
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FIREMAN		11. BIRTHPLACE (State or foreign country) MARYLAND	
10B. KIND OF BUSINESS OR INDUSTRY RAILROAD		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME THOMAS, JOHN R.		14. MOTHER'S MAIDEN NAME BORN, AUGUSTA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) UNKNOWN		16. SOCIAL SECURITY NO. 705-12-790	
17. INFORMANT CHURCH HOME & HOSPITAL		ADDRESS	
18. 163x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Carcinoma of Left lung DUE TO (B) — DUE TO (C) — INTERVAL BETWEEN ONSET AND DEATH Unknown			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Cardiac decompensation		2 days	
19A. DATE OF OPERATION 10-22-51		19B. MAJOR FINDINGS OF OPERATION Carcinoma of Left lung	
20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 9-9-1957 to 10-23-1951 that I last saw the deceased alive on 10-23-1951, and that death occurred at 9:38 P.m., from the causes and on the date stated above.			
23A. SIGNATURE Dorence E. Enberg		23B. ADDRESS Church and Hosp. Baltimore 24 Oct 51	
23C. DATE SIGNED			
24A. BURIAL, CREMATION, REMOVAL (Specify) B.		24B. DATE 10-27-51	
24C. NAME OF CEMETERY OR CREMATORY Mt. Olivet		24D. LOCATION (City, town, or county) (State) Balt.	
DATE RECEIVED BY LOCAL REGISTRAR OCT 25 1951		REGISTRAR'S SIGNATURE [Signature]	
25. FUNERAL DIRECTOR [Signature]		ADDRESS	



254  
51 9168BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9168  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
ALLEN		October 23, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		A. STATE Maryland	
Length of stay in Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1444 Battery Avenue	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12/29/94
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Conductor		10B. KIND OF BUSINESS OR INDUSTRY B & O R.R.	9. AGE (In years last birthday) 56
13. FATHER'S NAME William L. Gosnell		11. BIRTHPLACE (State or foreign country) Baltimore	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Margaret Schimp	
17. INFORMANT Family - Same		ADDRESS	

18. E 800 X I  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
Localized peritonitis and peritoneal hemorrhage due to contusion of liver and large intestine

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  
Train21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)  
B. & O. Railroad train, Lansdowne, Md.21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  
Oct. 6, 1951 1:15 A.m.

21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21F. HOW DID INJURY OCCUR?  
stopped  
Fell against table on train when it

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE  
William L. Gosnell23B. CHIEF MEDICAL EXAMINER.....  
M.D. MEDICAL INVESTIGATOR.....  
23C. DATE SIGNED  
Oct. 23, 195124A. BURIAL, CREMATION, REMOVAL (Specify)  
B24B. DATE  
10/27/5124C. NAME OF CEMETERY OR CREMATORY  
Parkwood24D. LOCATION (City, town, or county)  
BaltimoreDATE RECEIVED BY LOCAL REGISTRAR  
OCT 25 1951REGISTRAR'S SIGNATURE  
William L. Gosnell25. FUNERAL DIRECTOR  
James L. L. L.ADDRESS  
- 130 E. Fort Ave.

VS 151

N-863.0

203 58

186a

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

WATER RESOURCES DIVISION  
RIVER AND WATERSHED MANAGEMENT  
NATIONAL WATER RESEARCH INSTITUTE  
1415 G STREET, N.W.  
WASHINGTON, D.C. 20004

Report of the  
National Water Research Institute  
on the  
National Water Research Institute  
National Water Research Institute  
National Water Research Institute

Report of the  
National Water Research Institute  
on the  
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on the  
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HLG-148539

CERTIFICATE CORRECTED 11-26-51

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

51

9169

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Lucy Lewis

2. DATE  
OF  
DEATH

10-24-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE

Baltimore City Hospitals  
4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)  
917 McCulloh Street (1)

Length of stay in Baltimore

20 Yrs.

5. SEX  
F

6. COLOR OR RACE  
N

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
Separated

8. DATE OF BIRTH

Oct. 8, 1905

9. AGE (in years last birthday)  
45-46

10 Under 1 Year  
Months: Days

11 Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY  
House wife

11. BIRTHPLACE (State or foreign country)  
Virginia

12. CITIZEN OF WHAT COUNTRY?  
✓

13. FATHER'S NAME

James Van Rey

14. MOTHER'S MAIDEN NAME  
Maria Stewart

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

B.C.H. Record Room 4940 Eastern Avenue

18. 165 x 1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Malignancy Metastasis of Lung

5 Mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO  
(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Bronchopneumonia

2-3 Wks.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-16-51, 19, to 10-24-51, 19, that I last saw the deceased alive on 10-24-51, 19, and that death occurred at 8:00 P.M. from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

10-25-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

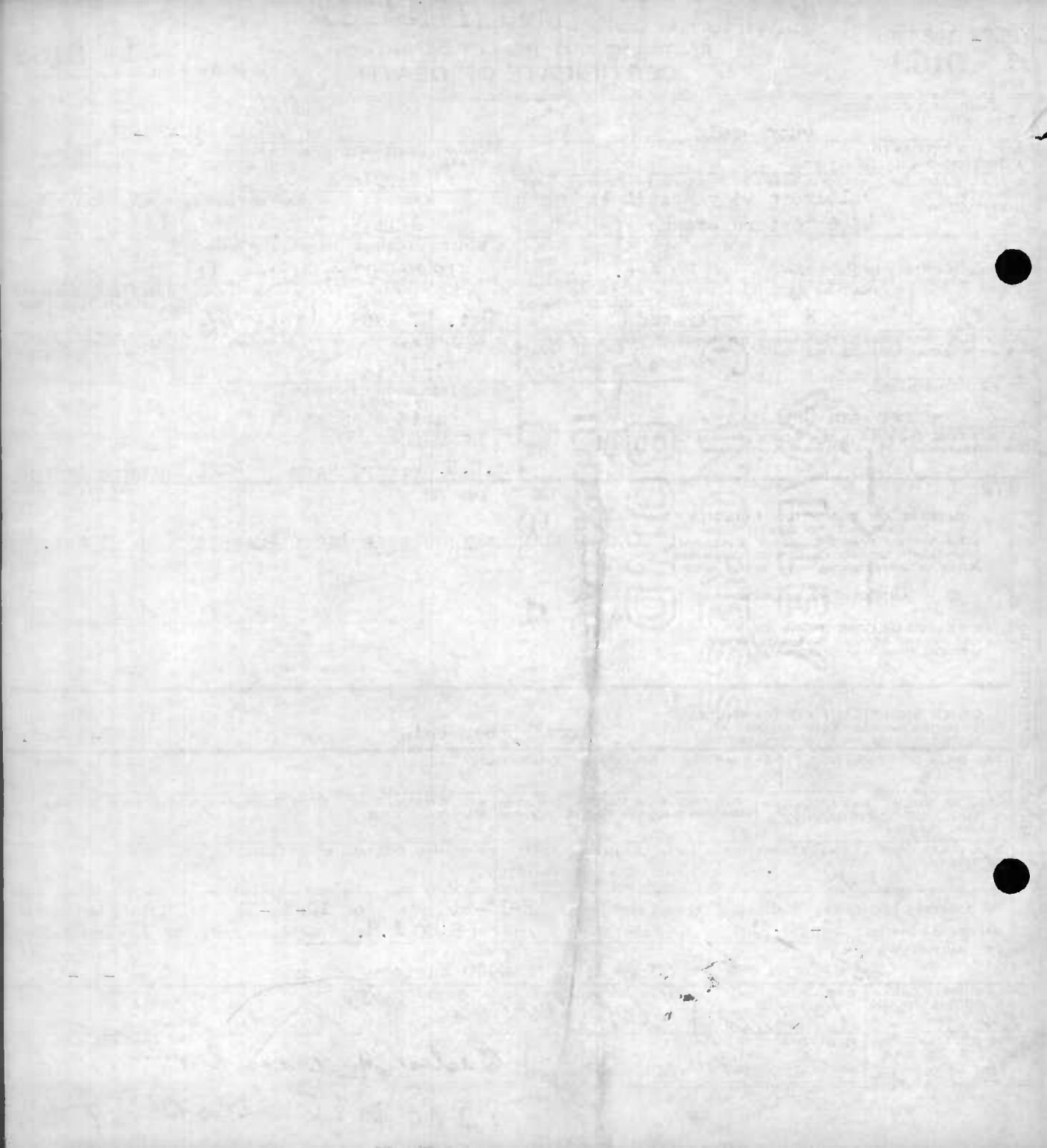
25. FUNERAL DIRECTOR

ADDRESS

OCT 25 1951

Charles H. Alexander

1200 McCulloh St  
470



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 9170  
Registered No. 51 9170

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**PETER CHARLES ZIOMEK**

2. DATE  
OF  
DEATH

**10/23/51**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

**335 S. ROBINSON ST.**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

**MD.**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
**BALTO.**

D. STREET ADDRESS (If rural, give location)  
**335 S. ROBINSON ST.**

5. SEX

**M**

6. COLOR OR RACE

**W**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**M**

8. DATE OF BIRTH

**APRIL 16, 1884**

9. AGE (In years last birthday)

**67**

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**MACHINIST HELPER**

10B. KIND OF BUSINESS OR INDUSTRY

**PENNA. R.R.**

11. BIRTHPLACE (State or foreign country)

**MARYLAND**

12. CITIZEN OF WHAT COUNTRY?

**U.S.A.**

13. FATHER'S NAME

**SIMON ZIOMEK**

14. MOTHER'S MAIDEN NAME

**BARBARA GRUBICH**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

**No**

16. SOCIAL SECURITY NO.

17. INFORMANT

**MARY ZIOMEK**

ADDRESS

**SAME**

18. **163X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **CARCINOMA OF LUNG, LEFT 10 MOS.**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

**ARTERIOSCLEROTIC C. VASC. DISEASE**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **DEC. 20, 1950** to **OCT. 23, 1951**, that I last saw the deceased alive on **OCT 23, 1951**, and that death occurred at **7:50 Pm.**, from the causes and on the date stated above.

23A. SIGNATURE

**Henry J. Housha**

23B. ADDRESS

**333 S. East Ave.**

23C. DATE SIGNED

**10/23/51**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**BURIAL**

24B. DATE

**10/27/51**

24C. NAME OF CEMETERY OR CREMATORY

**ST. STANISLAUS**

24D. LOCATION (City, town, or county) (State)

**BALTIMORE MD**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

**William J. Williams, M.D.**

25. FUNERAL DIRECTOR

ADDRESS

**M.F. SADOWSKI & SONS, 1808 EASTERN AVE.**

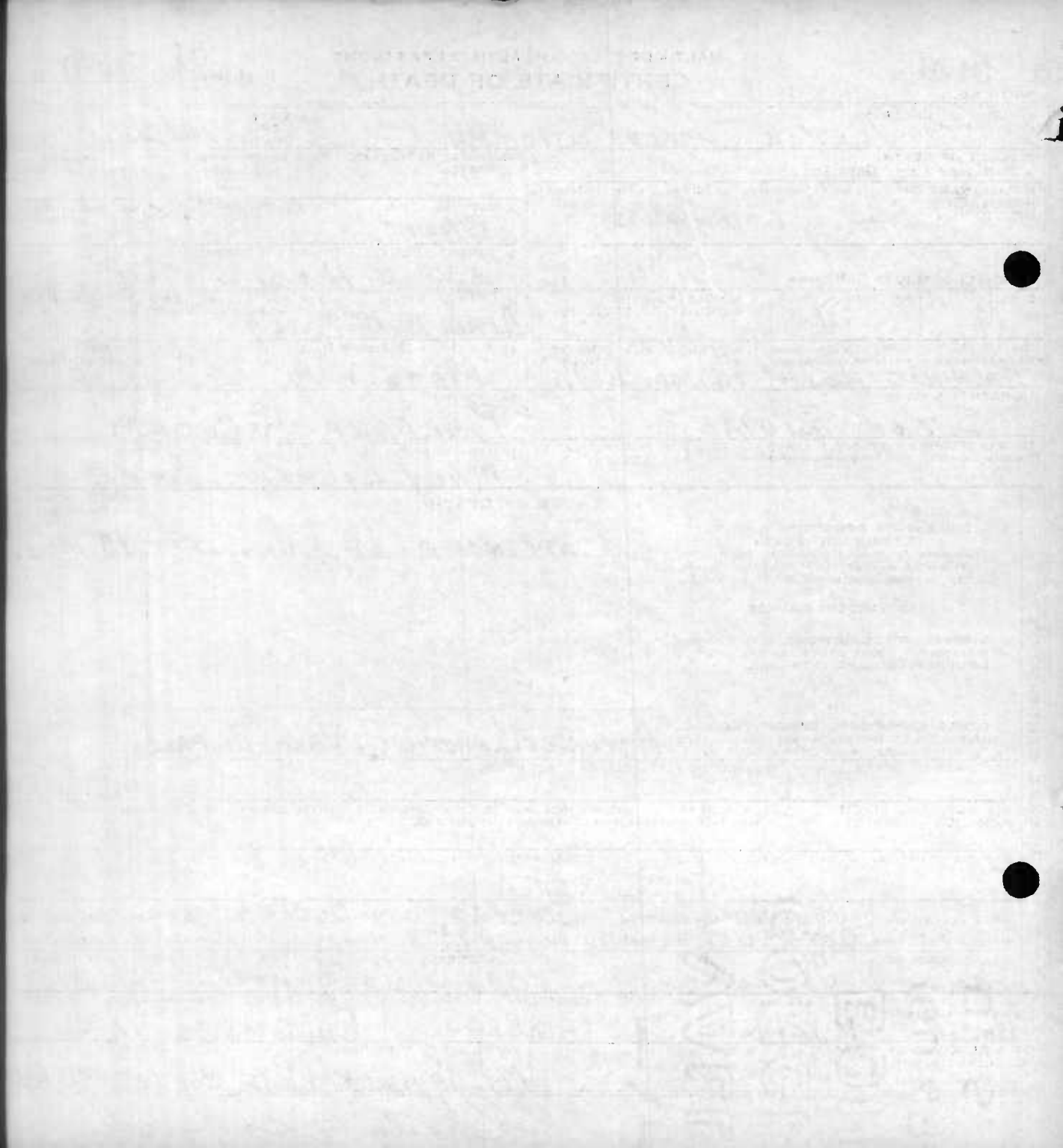
**OCT 25 1951**

VS 150

**69050**

**Charles D. Sowers 47D**

MEDICAL CERTIFICATION



535

1 9171

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9171

1. NAME OF DECEASED (Type or Print) <b>Teresa Contino</b>		2. DATE OF DEATH <b>October 23 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>322 S. Oldham St.</b>		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write rural and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>322 S. Oldham St.</b>		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Oct. 24 1874</b>
9. AGE (In years last birthday) <b>77</b>		10. UNDER 1 Year Months: Days	11. UNDER 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	
11. BIRTHPLACE (State or foreign country) <b>Nusco - Avellino- Italy</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>Lombardi</b>		14. MOTHER'S MAIDEN NAME <b>Lucia</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Anthony Contino</b>		ADDRESS <b>3609 GE. Pratt St.</b>	
18. <b>260X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Myocardial Degeneration</b> DUE TO <b>Hypertensive Cardio-Vascular Disease</b> DUE TO <b>Diabetes Mellitus</b>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>June 15, 1943</b> to <b>Oct. 23, 1951</b> , that I last saw the deceased alive on <b>Oct 23, 1951</b> , and that death occurred at <b>5<sup>30</sup> p. m.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>Edward A. Flannigan Jr.</b>		23B. ADDRESS <b>3501 Fair Ave. Balto 24</b>	
23C. DATE SIGNED <b>10-24-51</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Oct. 27 1951</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Oaklawn Cemetery</b>		24D. LOCATION (City, town, or county) (State) <b>7225 Eastern Ave</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 25 1951</b>		REGISTRAR'S SIGNATURE <b>Frank Della Noce</b>	
FUNDERAL DIRECTOR <b>Frank Della Noce</b>		ADDRESS <b>322 S. High St.</b>	

UNITED STATES DEPARTMENT OF HEALTH  
BUREAU OF VETERINARY MEDICINE  
WASHINGTON, D. C.

October 22, 1914

Dr. J. C. ...

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512  
1 9172BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9172  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Alice B. Thompson</i>		2. DATE OF DEATH <i>Oct 23-1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>752 McHenry St</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>CITY 21-04</i>			
Length of stay in Baltimore <i>26 yrs</i>		D. STREET ADDRESS (If rural, give location) <i>752 McHenry St</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Oct 27-1865</i>	9. AGE (In years last birthday) <i>84</i>	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>ST MARY COUNTY</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		13. FATHER'S NAME <i>John Thompson</i>		14. MOTHER'S MAIDEN NAME <i>? 752 McHenry</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>NONE</i>		17. INFORMANT ADDRESS <i>MAUDE Greenfield A</i>	
18. <i>433.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>auricular fibrillation</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <i>5yr.</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO		(B) DUE TO	
(C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>May 14, 1946</i> to <i>Oct. 23, 1951</i> , that I last saw the deceased alive on <i>Oct. 22, 1951</i> , and that death occurred at <i>8:45</i> Am., from the causes and on the date stated above.					
23A. SIGNATURE <i>Harry Skates</i>		23B. ADDRESS <i>517 Scott St.</i>		23C. DATE SIGNED <i>Oct. 24/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Oct 26-1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Trinity Cathedral</i>	
24D. LOCATION (City, town, or county) (State) <i>Friedrich Rd Balto. Md</i>		25. FUNERAL DIRECTOR <i>Joseph. MASINSKAS INC</i>		ADDRESS	

95a 430 Homeland ave  
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Dr. Kate

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 9173  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Mrs. ELLA JANE LEWIS</b>		2. DATE OF DEATH <b>OCTOBER 25, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>6209 Mossway</b>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY <b>-</b>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>6209 MOSSWAY</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 27-12</b>	
6. Length of stay in Baltimore <b>74</b> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>6209 MOSSWAY</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>FEB. 14, 1872</b>
			9. AGE (In years last birthday) <b>79</b> Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWORK</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>	11. BIRTHPLACE (State or foreign country) <b>CARROLL COUNTY, MD.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13. FATHER'S NAME <b>WEIHUNT</b>	
14. MOTHER'S MAIDEN NAME <b>MARGARET KATHERINE (WEIHUNT)</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>NO</b>	
16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT ADDRESS <b>Mr. Arthur Monroe Lewis, 6209 Mossway</b>	

18. <b>331X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.	CAUSE OF DEATH (A) <b>Cerebral Hemorrhage</b> DUE TO (B) <b>Cerebral arteriosclerosis</b> DUE TO (C) <b>Senility</b> <b>None</b>	INTERVAL BETWEEN ONSET AND DEATH <b>15 hrs.</b>  <b>5 1/2 hrs.</b>  <b>5 1/2 yrs.</b>
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19A. DATE OF OPERATION <b>none</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <b>NONE</b>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>NONE</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>NONE</b>	
21D. TIME (Month) (Day) (Year) (Hour) INJURY <b>NONE</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>NONE</b>	

22. I hereby certify that I attended the deceased from           , 1957, to Oct. 25, 1951, that I last saw the deceased alive on Oct 25, 1951, and that death occurred at 3:10 A.M., from the causes and on the date stated above.

23A. SIGNATURE **A.S. Chalfant** M. O. **6210 York Road** 23B. ADDRESS 23C. DATE SIGNED **OCT 25, 51**

24A. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24B. DATE **10-27-1951** 24C. NAME OF CEMETERY OR CREMATORY **WOODLAWN** 24D. LOCATION (City, town, or county) (State) **WOODLAWN MD.**

DATE RECEIVED BY LOCAL REGISTRAR **GT 25 1951** REGISTRAR'S SIGNATURE **W. H. Jenkins** 25. FUNERAL DIRECTOR ADDRESS **H. W. JENKINS & SONS CO. 4905 YORK RD.**

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 9174  
Registered No.

152  
51 9174  
BIRTH NO.

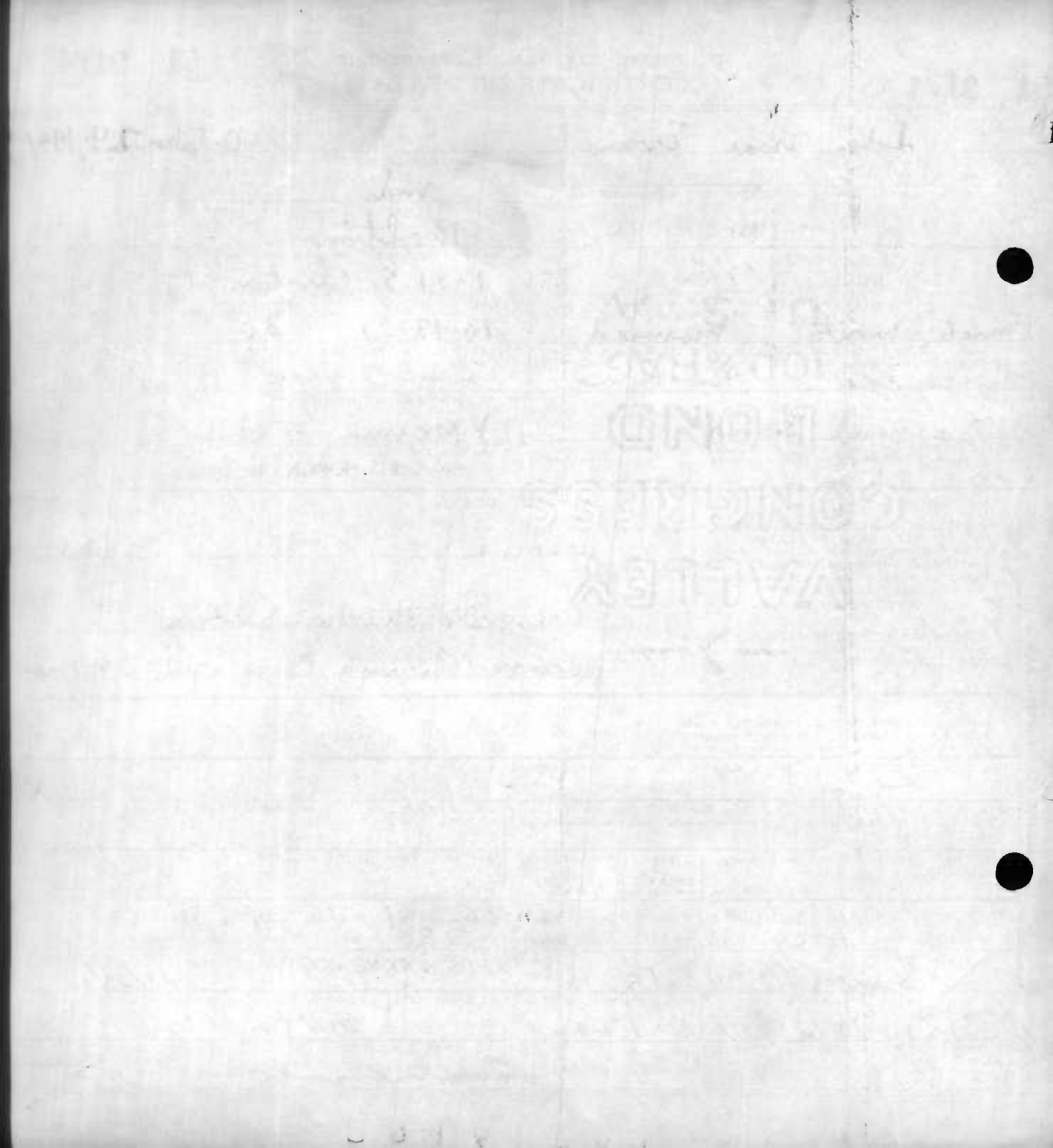
1. NAME OF DECEASED (Type or Print) <i>Ida Mae Evans</i>			2. DATE OF DEATH <i>October 24, 1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>md.</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 26-36</i>		
D. STREET ADDRESS (If rural, give location) <i>1301 S. Clinton St.</i>			E. LENGTH OF STAY IN BALTIMORE <i>1 life</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>10-19-21</i>		9. AGE (In years last birthday) <i>30</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>on leave</i>	11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Leonard Long</i>			14. MOTHER'S MAIDEN NAME <i>Virginia Stokes</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMATION ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		

18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>uremia</i>		<i>? 3 wks</i>
DUE TO (A)		
DUE TO (B) <i>ureteral obstruction bilateral</i>		
DUE TO (C) <i>Epidermoid Carcinoma Cervix Uteri</i>		<i>? 6-7 mos</i>
DUE TO (D)		
DUE TO (E)		
DUE TO (F)		
DUE TO (G)		
DUE TO (H)		
DUE TO (I)		
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DUE TO (Y)		
DUE TO (Z)		

19A. DATE OF OPERATION <i>10-20-51</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *10-20, 1951*, to *10-24, 1951*, that I last saw the deceased alive on *10-24, 1951*, and that death occurred at *7 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Lawrence R. H. [Signature]</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>10/23/51</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>10/27/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Oaklawn</i>	24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 25 1951</i>		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR <i>Lassahn Funeral Home</i>
				ADDRESS <i>7401 Belair Rd.</i>



51 9175  
E 420BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9175

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		ROBERT ELLIS		Oct. 23, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital				A. STATE Maryland	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				B. COUNTY	
D. STREET ADDRESS (If rural, give location)					
Length of stay in Baltimore 40 YRS.				332 N. Gay Street	
5. SEX Male		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Unknown		9. AGE (In years last birthday) 65		10. UNDER 1 Year Months: Days: Hours: Min.	
11. BIRTHPLACE (State or foreign country) Italy		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME Unknown				14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT ADDRESS HENRY SIEGEL, ATTORNEY 1420 Munsey Bldg.	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease DUE TO				INTERVAL BETWEEN ONSET AND DEATH	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)					
20. OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB- UTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE Charles H. Dineen M.D.		23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR		23C. DATE SIGNED Oct. 24, 1951	
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial		24B. DATE 10-27-51		24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery Balto. County Md.	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR Geo. L. Schwab 2101 Frederick Ave.		ADDRESS	

TO : DIRECTOR, FBI (100-441100) FROM : SAC, NEW YORK (100-100000) (P)

SUBJECT: [Illegible]

DATE: [Illegible]

RE: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

11. [Illegible]

12. [Illegible]

13. [Illegible]

14. [Illegible]

15. [Illegible]

16. [Illegible]

17. [Illegible]

18. [Illegible]

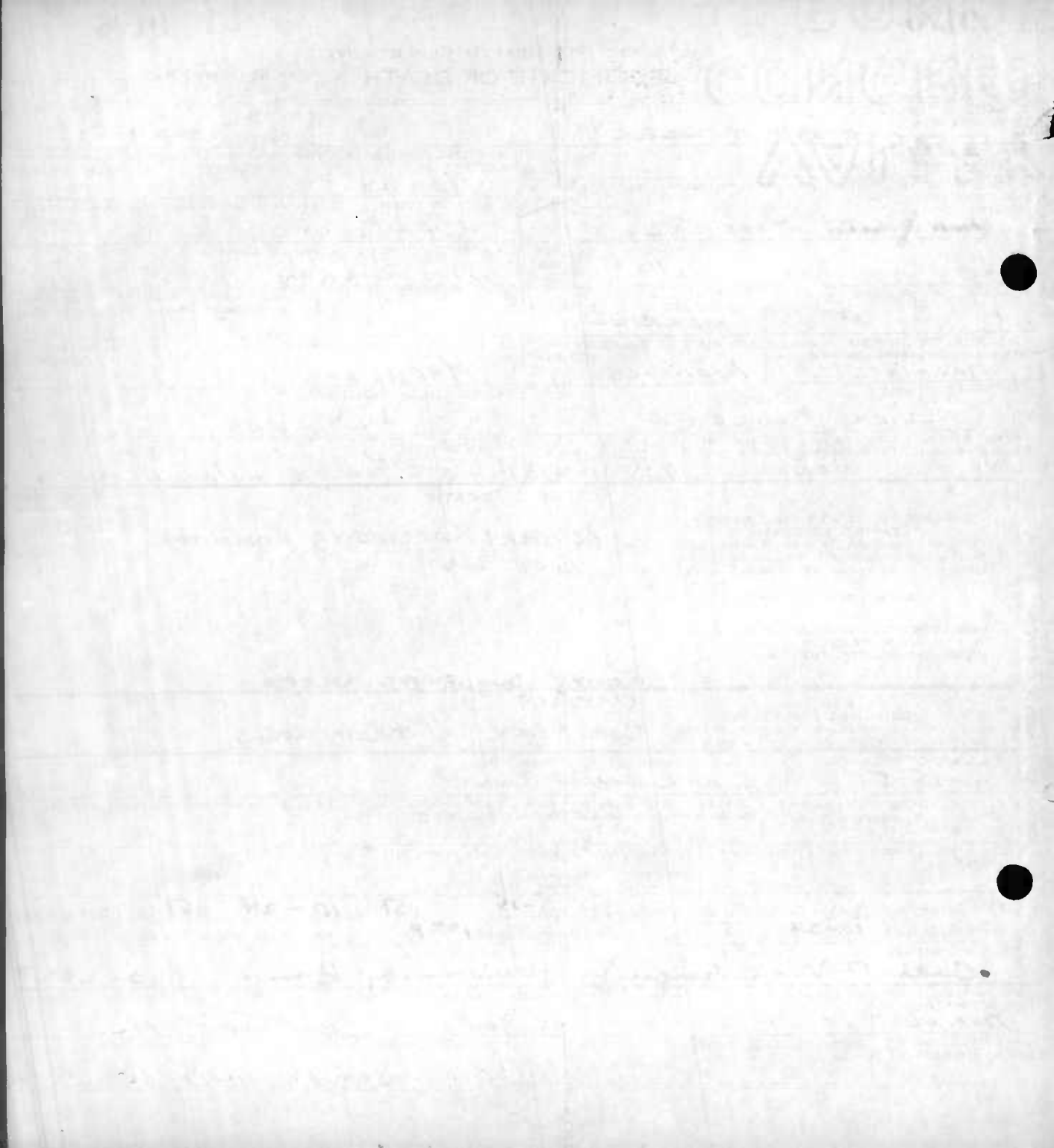
19. [Illegible]



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. <b>F 460</b>		1. NAME OF DECEASED (Type or Print) <b>JEREMIAH FOWLER</b>		2. DATE OF DEATH <b>10-24-51</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY _____		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>UNIVERSITY HOSPITAL</b>		D. STREET ADDRESS (If rural, give location) <b>2110 Sidney Ave.</b>		<b>25-33</b>	
Length of stay in Baltimore <b>LIFE</b>		Yrs. _____ Mos. _____ Days _____		8. DATE OF BIRTH	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	9. AGE (In years last birthday) <b>65</b>		If Under 1 Year Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MACHINIST</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Appliances</b>		11. BIRTHPLACE (State or foreign country) <b>MARYLAND</b>	
13. FATHER'S NAME <b>WILLIAM FOWLER</b>		14. MOTHER'S MAIDEN NAME <b>Unknown</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>705-09-1513</b>		17. INFORMANT ADDRESS <b>Annie E. Fowler 2110 Sidney Ave</b>	
18. <b>155 X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>PRIMARY CARCINOMA COMMON</b> <b>BILE DUCT</b>		CAUSE OF DEATH (A) <b>PRIMARY CARCINOMA COMMON</b> DUE TO <b>BILE DUCT</b> (B) _____ DUE TO _____ (C) <b>ACUTE DUODENAL ULCER</b> <b>UREMIA</b> <b>CORONARY THROMBOSIS</b>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</b>					
19A. DATE OF OPERATION <b>10-15-51</b>		19B. MAJOR FINDINGS OF OPERATION <b>CA. OF COMMON DUCT</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>10-15</b> , 19 <b>51</b> , to <b>10-24</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>10-24</b> , 19 <b>51</b> , and that death occurred at <b>12 P.M.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Annie E. Mansberger</b>		23B. ADDRESS <b>University Hspt</b>		23C. DATE SIGNED <b>10-24-51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>10-27-51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>London Park</b>	
24D. LOCATION (City, town, or county) (State) <b>BALTIMORE, Md.</b>		25. FUNERAL DIRECTOR <b>Geo. L. Schwab</b>		ADDRESS <b>2101 Frederick Ave</b>	



51 9177

51 9177

250

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Baby "B" Jackson

2. DATE  
OF  
DEATH

Oct. 25, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

95 E. Main St

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years  
last birthday)If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 776X I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) .....  
DUE TO

Prematurity

INTERVAL BETWEEN  
ONSET AND DEATH

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) .....  
DUE TO  
(C) .....(Multiple Births)  
1 of tripletsII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ HOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/24/1951, to 10/25/1951, that I last saw the  
deceased alive on 10/25/1951, and that death occurred at 12:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

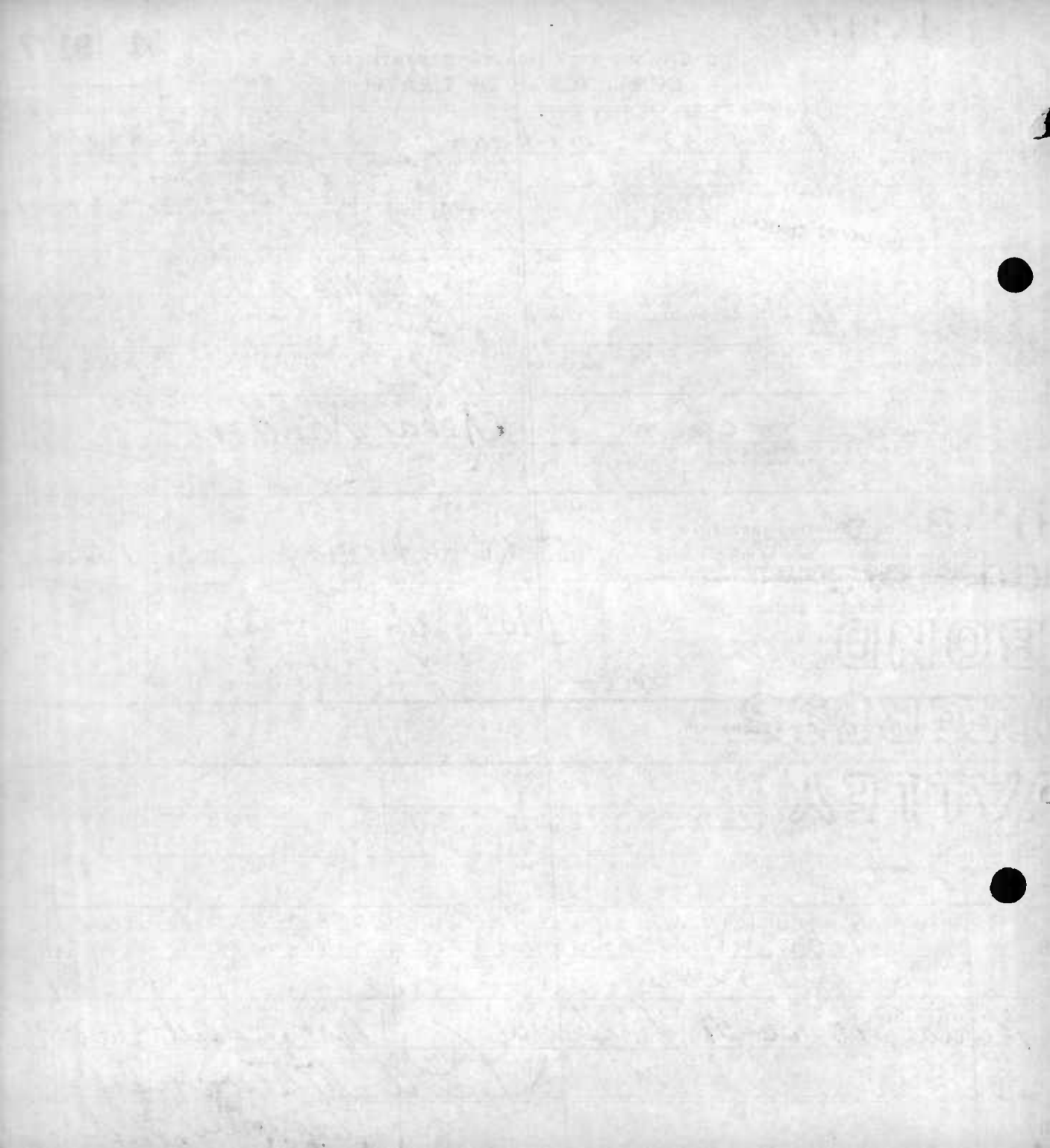
ADDRESS

OCT 26 1951

VS 150

159 Terrville, Md.

MEDICAL CERTIFICATION



51 9178

CERTIFICATE CORRECTED 10-30-51

51 9178

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

John T. MASCUCH

2. DATE  
OF  
DEATH

Oct. 25 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

OSL-5.

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution residence  
before admission)

A. STATE

B. COUNTY

NEW JERSEY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

MORRISTOWN

D. STREET ADDRESS (If rural, give location)

NORMANDY HEIGHTS

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

MALE

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

8-6-99

9. AGE (In years  
last birthday)

52

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Pres.

10B. KIND OF BUSINESS OR  
INDUSTRY

Airplane Parts

11. BIRTHPLACE (State or foreign country)

New Jersey

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Ferdinand T. Mascuch

14. MOTHER'S MAIDEN NAME

Julia Kopko

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

W.W. I

16. SOCIAL  
SECURITY NO.  
137-01-303617. INFORMANT  
JOHNS HOPKINS HOSPITAL

18. 443x

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)(A) Hypertensive Arterio-  
Sclerotic Cardiovascular

6 yrs

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Disease with Central  
Embolus sec. to Auricular  
(C) Fibrillation.

5 min

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from 10-19-1951, to 10-25-1951, that I last saw the  
deceased alive on 10-25-1951, and that death occurred at 11:50 pm., from the causes and on the date stated above.

22A. SIGNATURE

22B. ADDRESS

22C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

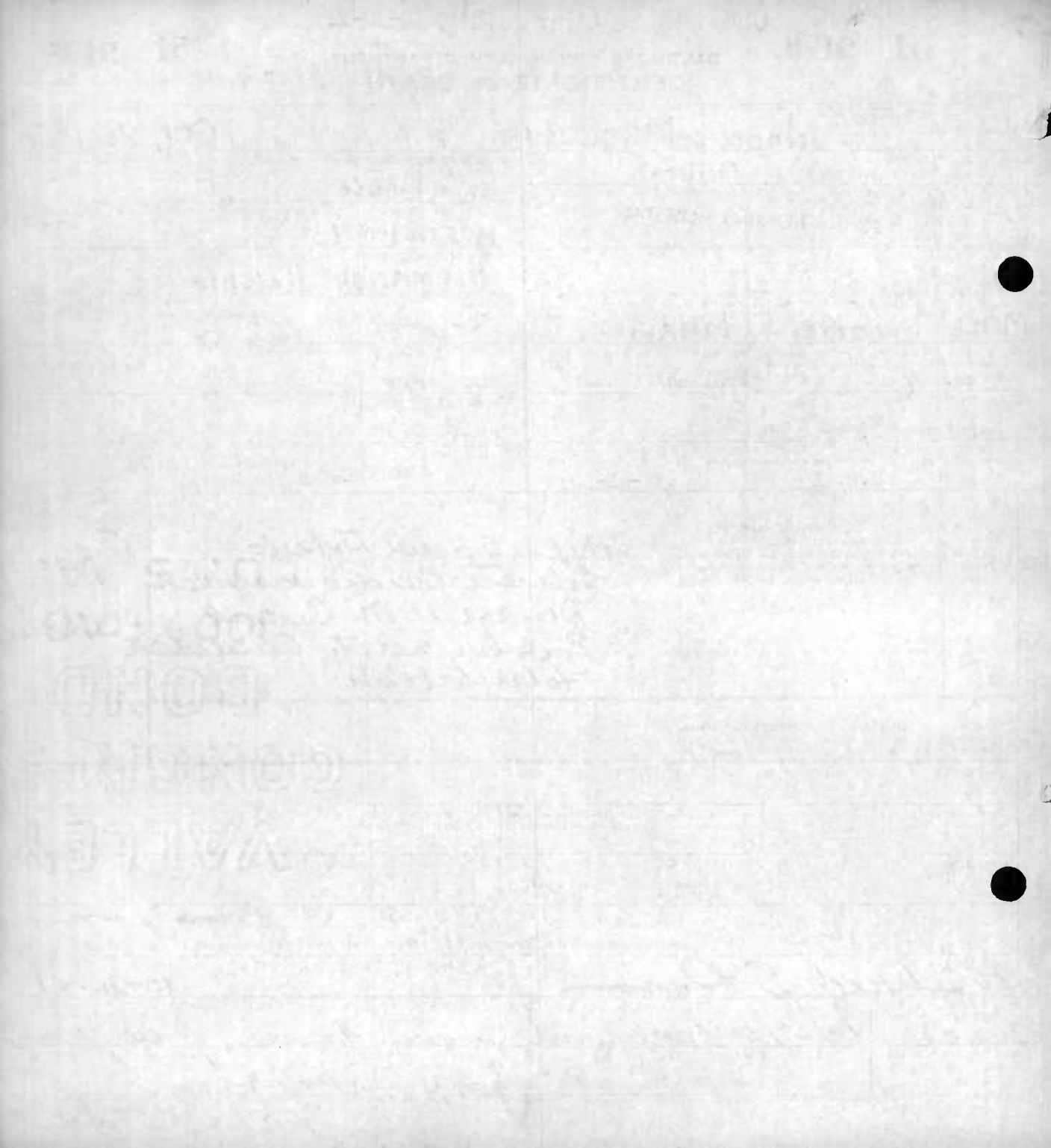
OCT 26 1951

VS 150

2903T

937 North + Pa Ave.

MEDICAL CERTIFICATION





51 9179

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9179  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

BELL A COHN

2. DATE  
OF  
DEATH

10-25-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

SINAI HOSP.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

MARYLAND

B. COUNTY

15-13

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
BALTIMORE

D. STREET ADDRESS (If rural, give location)

2902 RIDGEWOOD #15

Length of stay in Baltimore

45

Yrs.  
Mon.  
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE MARRIED  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)

67

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

HOUSE WIFE

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Loeuss

14. MOTHER'S MAIDEN NAME

Hannah

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Harry Cohn - Home

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) CARDIAC ARREST

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(B) MYOCARDIAL INFARCTION

(C) ARTERIO-SCLEROTIC C.V.D.

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

CHRONIC CHOLECYSTITIS

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-24-51, 19-- to 10-25-51, 19-- that I last saw the  
deceased alive on 10-24-51, 19-- and that death occurred at 1:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Joseph Deebulham

M. D.

23B. ADDRESS

Sinai Hosp.

23C. DATE SIGNED

10-25-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

10-26-51

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Young Men

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Jack Lewicki 2100 Cedar Pl

ADDRESS

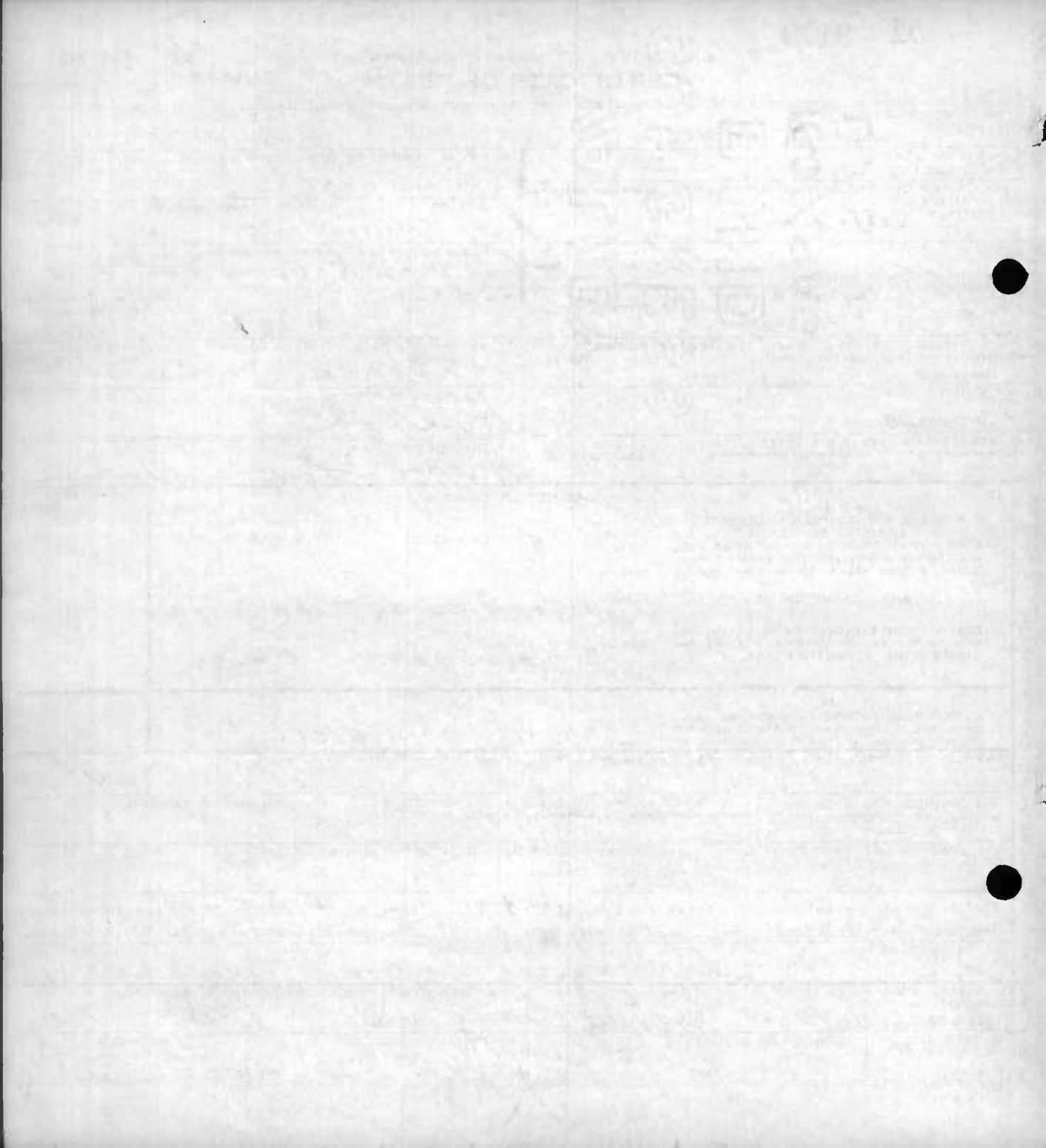
OCT 26 1951

VS 150

937

MEDICAL CERTIFICATION





51 9180

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9180  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ABE COHEN

2. DATE  
OF  
DEATH

10/26/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

SINAI HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or location)

422 SINAI HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 15 13

D. STREET ADDRESS (If rural, give location)

2613 LOYOLA SOUTHWAY

Yrs.  
Mos.  
Days

Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9. AGE (In years last birthday)

83

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

retired

10B. KIND OF BUSINESS OR INDUSTRY

General Mds

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Aaron

14. MOTHER'S MAIDEN NAME

not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Ester Cohen

ADDRESS

Same

18.

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) GENERALIZED PERITONITIS

DUE TO CAUSE UNKNOWN

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

PERIPHERAL VASCULAR COLLAPSE

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from OCT 25, 1951, to OCT 26, 1951, that I last saw the deceased alive on OCT 26, 1951, and that death occurred at 12:30 AM., from the causes and on the date stated above.

23A. SIGNATURE

Erwin Wilkins

M. O.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

Oct 26, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10-26-51

24C. NAME OF CEMETERY OR CREMATORY

Loredale

24D. LOCATION (City, town, or county)

Datto

Md

DATE RECEIVED BY LOCAL REGISTRAR

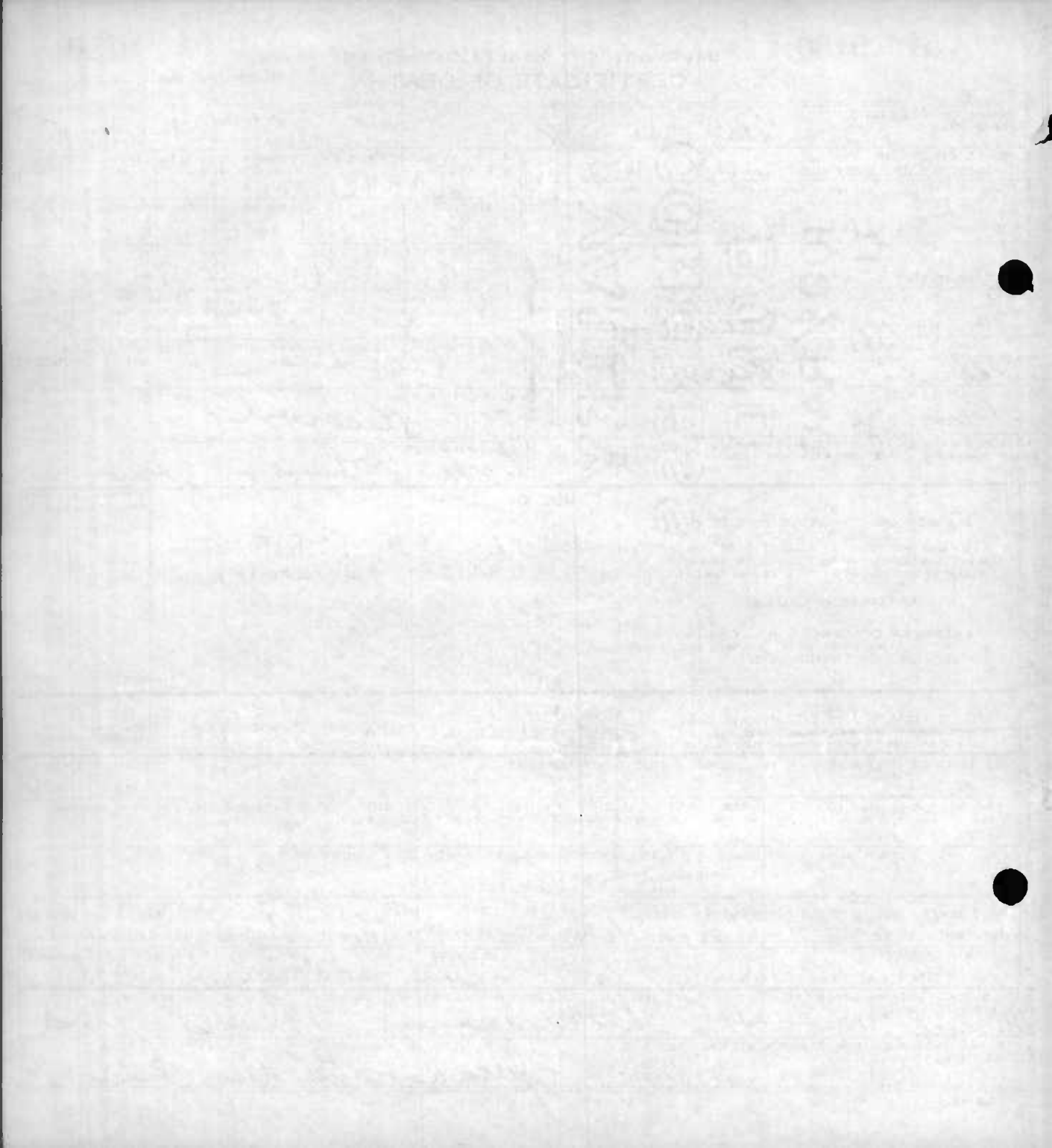
REGISTRAR'S SIGNATURE

Erwin Wilkins, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Jack Lewis 2100 Eutan Rd



51 9181

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9181  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

William C. Tongue

2. DATE  
OF  
DEATH

Oct 24, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

503 Robert St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

14-03

D. STREET ADDRESS (If rural, give location)

503 Robert St.

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

Yrs.  
Mos.  
Days

8. DATE OF BIRTH

Sept. 5, 1869

9. AGE (In years  
last birthday)

82

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Minister

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Jerry Tongue

14. MOTHER'S MAIDEN NAME

Mary Childs

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Emma West 503 Robert St.

18. 443 X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) .....  
DUE TO

Cardiac Insufficiency

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) .....  
DUE TO  
(C) .....Hypertension  
Senility

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ HOT WHILE  
WORK WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 19, 1907, to Oct 24, 1951, that I last saw the  
deceased alive on Oct 23, 1951, and that death occurred at 3A m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Douglas Shepherd

M. D.

604 N. Fulton Ave

10/25/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

10-27-51

Mt. Auburn Cem

Baltimore, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

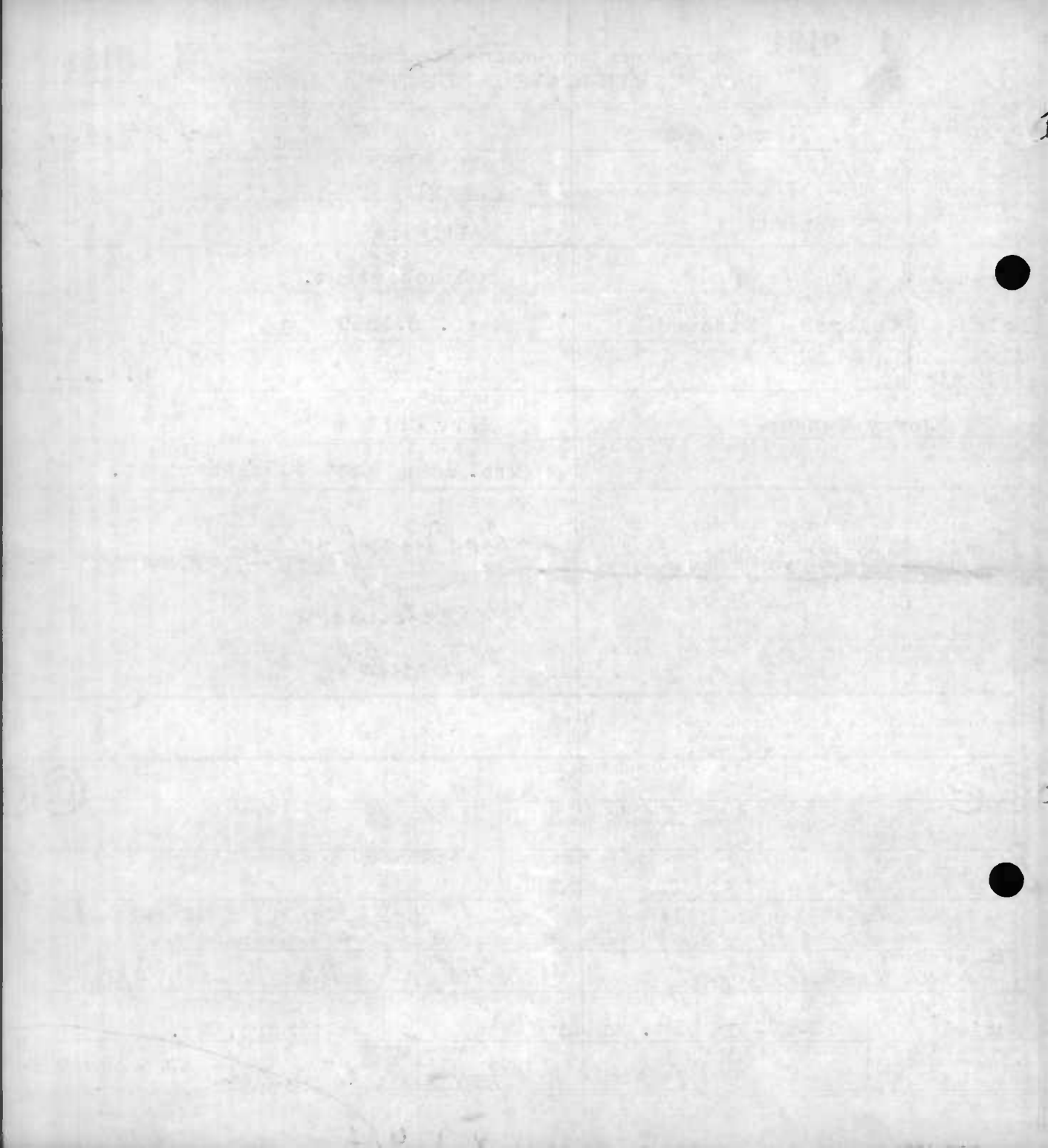
ADDRESS

Oct 26 1951

T. J. Williams, M.D.

M. J. Hensley

578 W. Biddle St.



240  
51 9182

CERTIFICATE CORRECTED 12/5/51 ES

BALTIMORE CITY HEALTH DEPARTMENT

- 51 - 9182 -

## CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Alice O. Mickle

2. DATE  
OF  
DEATH

Oct. 23, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTIONM.  
1523 Pulaski St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1523 Pulaski St.

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 20, 1916

9. AGE (In years  
last birthday)

35

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

James B. Jones

14. MOTHER'S MAIDEN NAME

Lillie Bailey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Lilly Jones 1523 Pulaski St.

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(A) DUE TO

(B) DUE TO

(C)

Myocardial Infarction 2 days  
Bilateral Lobar Pneumonia 2 wks  
PULMONARY TUBERCULOSIS (over)INTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1951, to Oct 23, 1951, that I last saw the  
deceased alive on 19, and that death occurred at 6 A.M., from the causes and on the date stated above.

23A. SIGNATURE

M. O.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10-26-51

24C. NAME OF CEMETERY OR CREMATORY

St. Luke Cem

24D. LOCATION (City, town, or county)

Reisterstown, Balto. Co. Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 26 1951

Lillian M. Williams, M.D.

Mrs. Lillian M. Williams, M.D. 578 W. Biddle St.

VS 150

13B



See Document File 51-9182

For letter from attending doctor to Dr. Silver, Director, Bureau TBC

12/5/51 ES



355-  
51 9183

BALTIMORE CITY HEALTH DEPARTMENT

51 9183

## CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Alice Redmond

2. DATE  
OF  
DEATH

Oct. 23, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

1715 N. Calhoun St.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence  
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1715 N. Calhoun St.

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Sept. 23, 1900

9. AGE (In years  
last birthday)

51

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

United States

13. FATHER'S NAME

William Fletcher

14. MOTHER'S MAIDEN NAME

Naterial Franklin

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

M's Margaret Wilson 1715 N. Calhoun

18. CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Chronic valvular disease of  
heart

4 years

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

M.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-12-1951, to 10-23-1951, that I last saw the  
deceased alive on 10-23-1951, and that death occurred at 9 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

John E. S. Campes

M. D.

639 N. Carey St.

10-24-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

10-27-51

St. Peters Cen.

Baltimore

Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 26 1951

Antington Williams, M.D.

Mrs. Frances C. Heuser

578 W. Biddle St.

W. S. A.  
100% AB  
BOND  
CONCRETE  
VALLEY

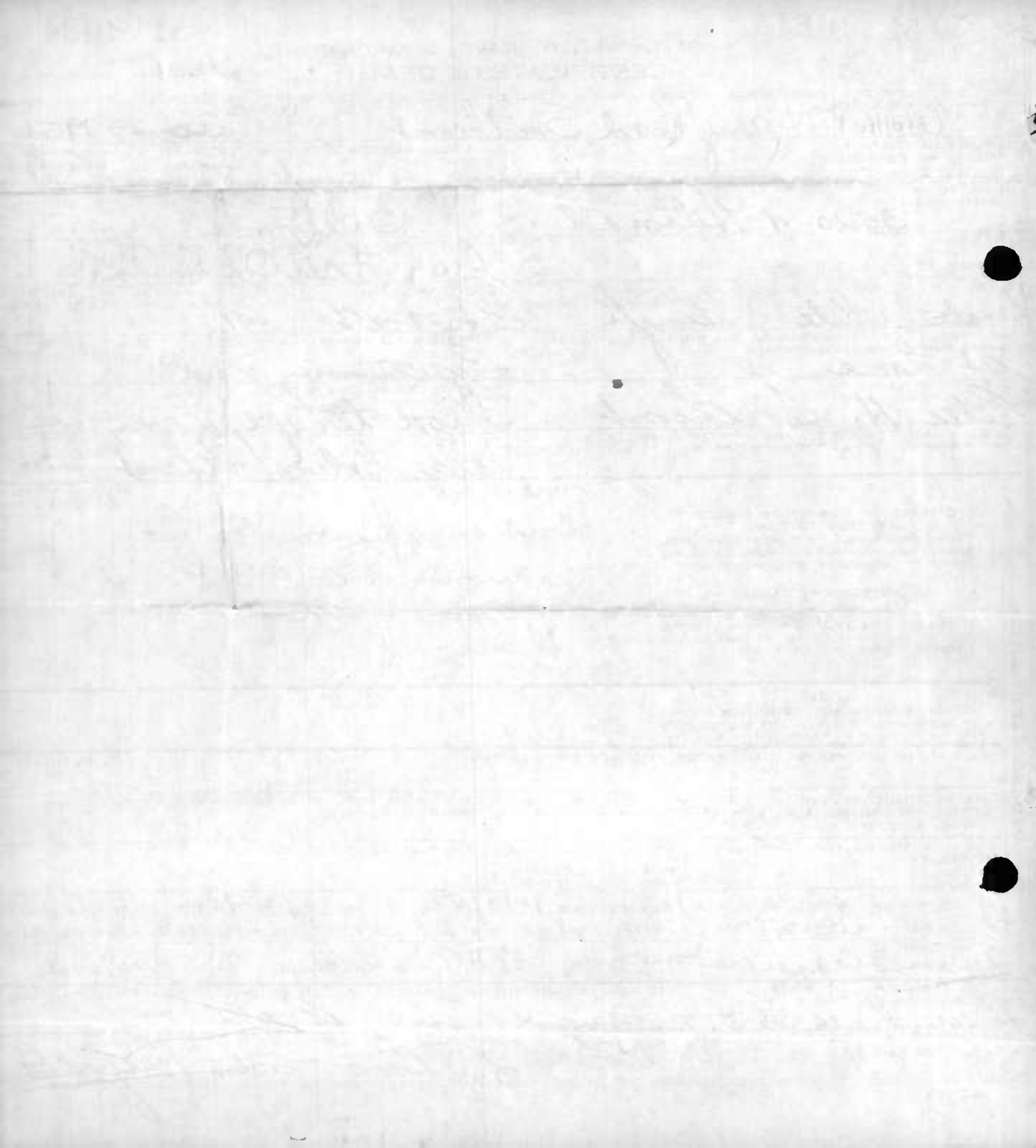
51 9184

51 9184

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>(Mollie) Mary Read Southcom</i>		2. DATE OF DEATH <i>Oct. 23-1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 27-06</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>3520 N. Helton Rd.</i>		D. STREET ADDRESS (If rural, give location) <i>6104 Fair Oaks Ave</i>		length of stay in Baltimore Yrs. _____ Mos. _____ Days _____	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Oct. 29-1860</i>	9. AGE (in years last birthday) <i>91</i>	10. UNDER 1 Year Months _____ Days _____ 11. UNDER 24 Hours Hours _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Baltimore Md.</i>	
12. CITIZEN OF WHAT COUNTRY		13. FATHER'S NAME <i>Peter H. Southcom</i>		14. MOTHER'S MAIDEN NAME <i>Theodate Pope Lovegrove</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Miss Lydia Southcom, same.</i>	
18. <i>422.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Cardio-respiratory Failure</i> DUE TO <i>Arteriosclerotic CVD</i> (B) <i>Generalized arteriosclerosis</i> DUE TO <i>Senility</i> (C) _____		INTERVAL BETWEEN ONSET AND DEATH			
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10/1/50</i> , 19____, to <i>10/23/51</i> , 19____, that I last saw the deceased alive on <i>10/23/51</i> , 19____, and that death occurred at <i>2 P.</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Evelyn Apperund</i>		23B. ADDRESS <i>2511 Reisterstown Rd.</i>		23C. DATE SIGNED <i>10/24/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>10-26-51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Friends Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto Md.</i>		24E. NAME OF CEMETERY OR CREMATORY		24F. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR <i>Oct 26 1951</i>		REGISTRAR'S SIGNATURE <i>William Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>L. J. Luck</i>	
				ADDRESS <i>5305 Hayford Rd</i>	



500

51 9185

BALTIMORE CITY HEALTH DEPARTMENT

51 9185

BIRTH NO. 49-10239 CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED  
(Type or Print)

HARRY BEAN JR

2. DATE  
OF  
DEATH

10-24-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

Yrs.  
Mos.  
Days

length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

col

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Maryland

17-02

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

1052 Pennsylvania ave

D. STREET ADDRESS (If rural, give location)

Baltimore - Md

8. DATE OF BIRTH

5/14/49

9. AGE (In years  
last birthday)

2

If Under 1 Year  
Months: Days

5

If Under 24 Hours  
Hours: Min.

10

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MD

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Harry E Beano - Md

14. MOTHER'S MAIDEN NAME

Edith Gaines

Md

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. 571.1 I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Dehydration Acidosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Diarrhea

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/24, 1951, to 10/24, 1951, that I last saw the  
deceased alive on 10/24, 1951, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

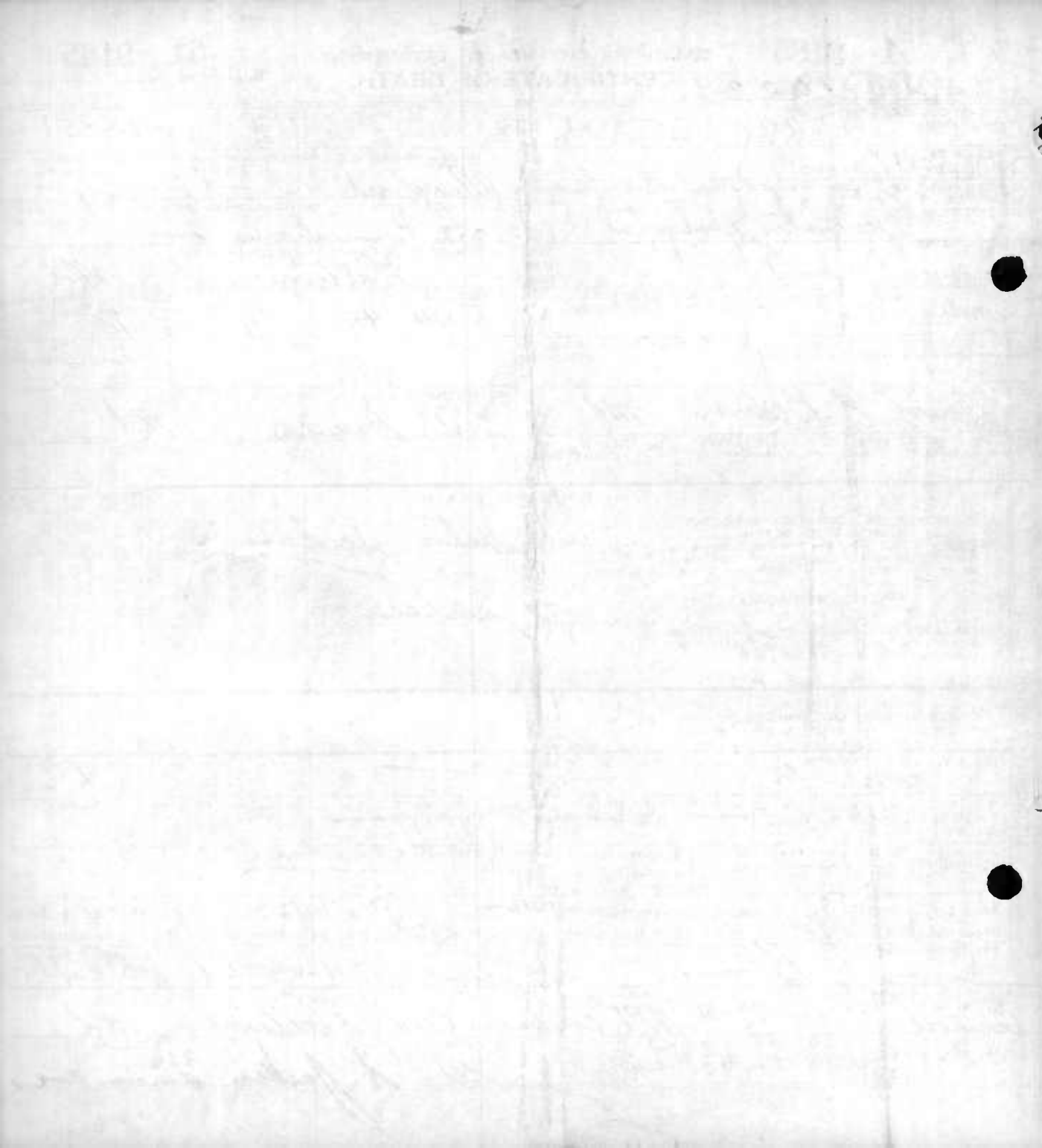
25. FUNERAL DIRECTOR

ADDRESS

VS 150

120a

MEDICAL CERTIFICATION





51 9186

51 9186

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

CHARLES R. RIDGELY

2. DATE  
OF  
DEATHOct. 25<sup>th</sup> - 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓ 1031 ST PAUL ST

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

AT EARL COURT APTS.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

EARL COURT APTS. BALTIMORE MD

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

as above 11-01

D. STREET ADDRESS (If rural, give location)

1301 ST. PAUL ST. BALTIMORE 2

Length of stay in Baltimore

ALL HIS LIFE

SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

SEPT. 23<sup>rd</sup> - 1882

9. AGE (In years

last birthday)

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

69

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FORMERLY - CAPTAIN - INF. U.S. ARMY

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

OTHO E. RIDGELY

14. MOTHER'S MAIDEN NAME

HENRIETTA S. THOMAS

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown)

yes May 1917 - Nov 1918

16. SOCIAL

SECURED NO.

none

17. INFORMANT

ADDRESS

R.L. THOMPSON 1301 ST. PAUL ST.

18. 4221  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

## CAUSE OF DEATH

(A)

DUE TO

Myocardial Infarction  
Pulmonary Embolism

(B)

DUE TO

Atherosclerosis

(C)

INTERVAL BETWEEN ONSET AND DEATH

1 year

that

3 years

MEDICAL CERTIFICATION

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1950, to Oct 25<sup>th</sup> 1951, that I last saw the deceased alive on Oct. 15, 1951, and that death occurred at 12<sup>00</sup> m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Oct 27 / 51

Lorraine

Woodlawn Ind.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 28 1951

Wm. H. Williams, Jr.

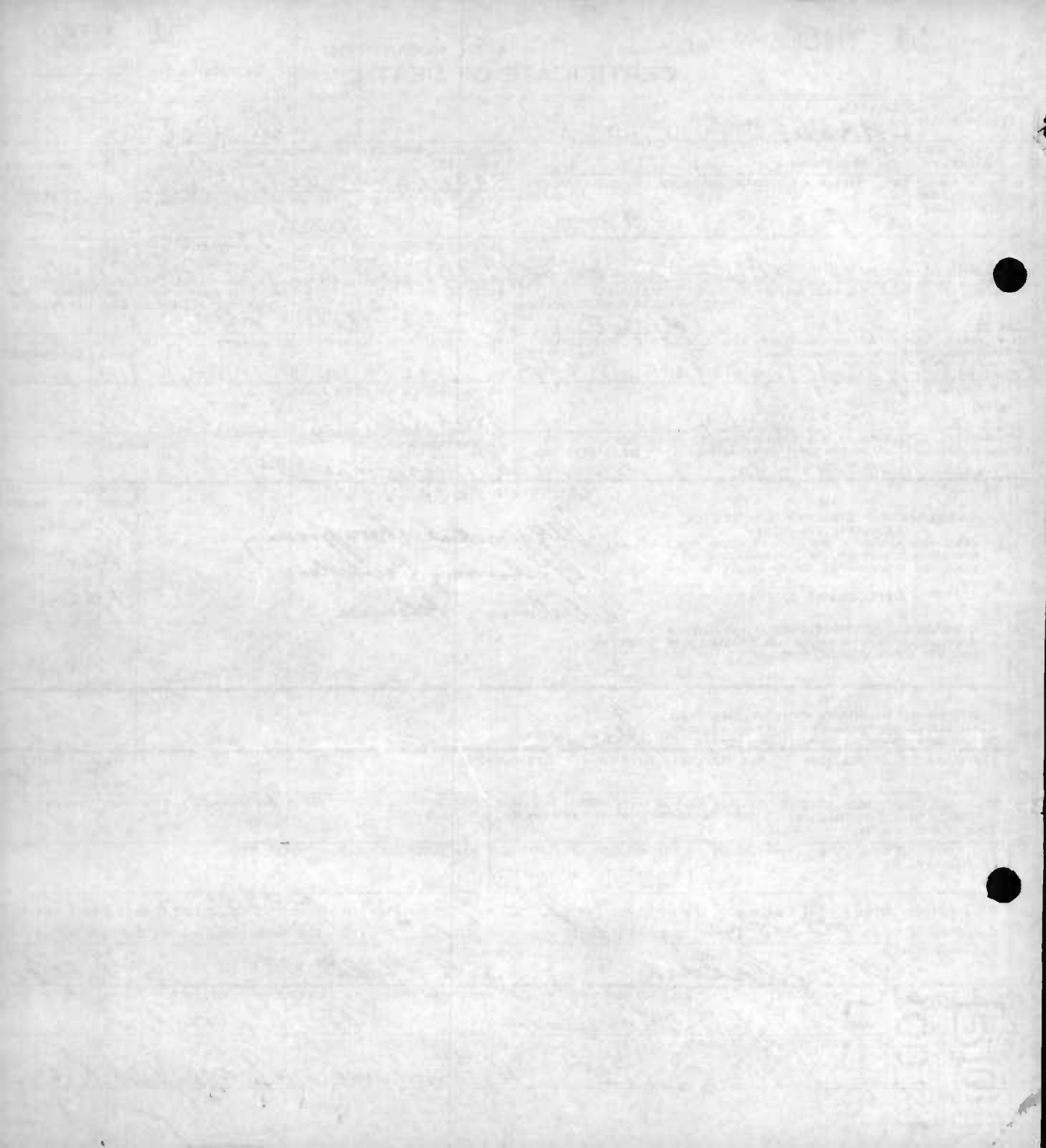
H. H. Jenkins &amp; Sons Co 4905 York Rd.

VS 150

595910

937





51 9187

51 9187

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>ERNEST L. POWELL</b>		2. DATE OF DEATH <b>Oct. 24, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Union Memorial Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 27-15</b>		
Length of stay in Baltimore <b>Life</b>			D. STREET ADDRESS (If rural, give location) <b>5622 Mattfeldt Avenue</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 13, 1892</b>		9. AGE (In years last birthday) <b>59</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Inspector Mechanical</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Bendix Radio</b>	11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>
13. FATHER'S NAME <b>David Powell</b>			14. MOTHER'S MAIDEN NAME <b>Jane Wilhelm</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>215-10-5887</b>	17. INFORMANT ADDRESS <b>Richard B. Powell</b>		

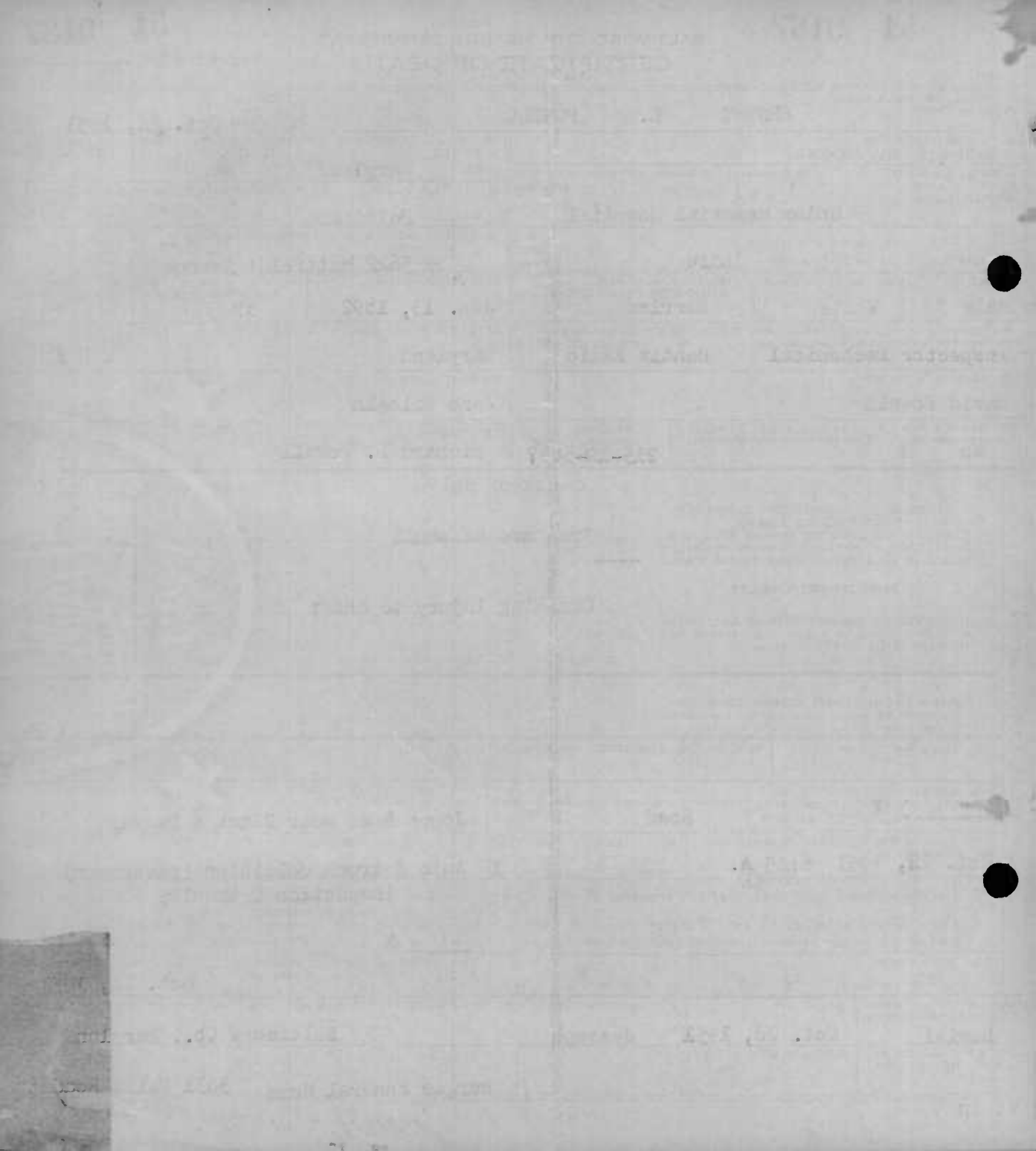
18. <b>E816.1 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>(A) Fracture of skull</b> <b>DUE TO</b> <b>ANTECEDENT CAUSES</b> <b>(B) Crushing injury to chest</b> <b>DUE TO</b> <b>(C) _____</b>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Road</b>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>Joppa Road near Black &amp; Decker 5300</b>
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>Oct. 24, 1951 6:45 A. m.</b>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <b>Auto &amp; truck collision (passenger)</b>
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input checked="" type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/>		
23A. SIGNATURE <b>Stanley H. Hurlacher M.D.</b>	23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>	23C. DATE SIGNED <b>Oct. 24, 1951</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Oct. 26, 1951</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Jessups</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>Oct 26 1951</b>	REGISTRAR'S SIGNATURE <b>Horace F. Burgee</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore Co., Maryland</b>
25. FUNERAL DIRECTOR ADDRESS <b>Burgee Funeral Home 3631 Falls Road</b>		

N-804.2

5543M

Horace F. Burgee 17 Oct 1951



51 153372

51 9188

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print) **E. Ernest Harris**

2. DATE OF DEATH **10-24-51**

3. PLACE OF DEATH:  
A. **Baltimore City, Maryland**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE **Md.** B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR **Baltimore City Hospitals**  
INSTITUTION **4940 Eastern Ave.**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
**Baltimore**

Length of stay in Baltimore **3 yrs.**  
Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)  
**1333 Weldon Ave.**

5. SEX **Male** 6. COLOR OR RACE **White** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **Sept. 6, 1920** 9. AGE (In years last birthday) **31** If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Layout man** 10B. KIND OF BUSINESS OR INDUSTRY **Ship yard**

11. BIRTHPLACE (State or foreign country) **Md.** 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME **John Bond**

14. MOTHER'S MAIDEN NAME **Eliz. Jane Elmos**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) **Yes** (If yes, give war or dates of service) **2nd World**

16. SOCIAL SECURITY NO. **220-07-0382**

17. INFORMANT ADDRESS **B. C. H. Records, 4940 Eastern Ave.**

18. **330X** CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, apsthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Cerebral Hemorrhage - Probably Sub-arachnoid**

INTERVAL BETWEEN ONSET AND DEATH

**7 hrs.**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO  
(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **0** 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Oct. 24**, 19**51**, to **Oct. 24**, 19**51** that I last saw the deceased alive on **Oct. 24**, 19**51**, and that death occurred at **4.45 PM.**, from the causes and on the date stated above.

23A. SIGNATURE **J. S. Rogers** M. D.

23B. ADDRESS **4940 Eastern Ave.**

23C. DATE SIGNED **10-24-51**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24B. DATE **Oct. 27, 1951**

24C. NAME OF CEMETERY OR CREMATORY **Druid Ridge**

24D. LOCATION (City, town, or county) (State) **Pikesville, Maryland**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

**OCT 26 1951**

VS 150

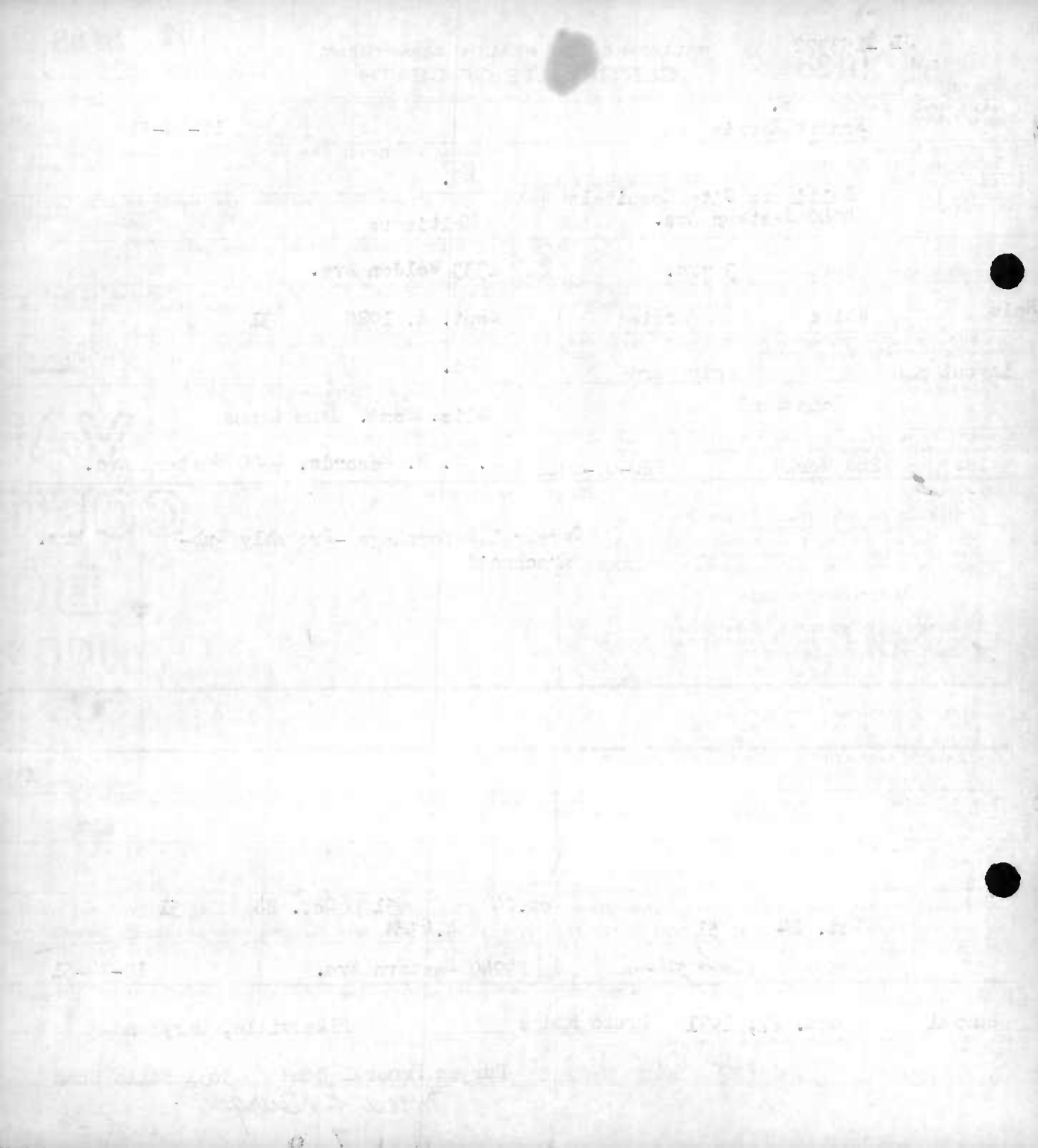
**Burgee Funeral Home 3631 Falls Road**

**Horace K. Burgee**

**585 3U**

**83a**

MEDICAL CERTIFICATION



51 9189

51 9189

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

FRANK Schilling

2. DATE  
OF  
DEATH

Oct 19, 1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland JOHNS HOPKINS HOSPITAL

b. FULL NAME OF (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MARYLAND

B. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

2126 BANK St.

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

MALE

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

2-14-71

9. AGE (In years  
last birthday)

80

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

John Schilling

14. MOTHER'S MAIDEN NAME

Sarah Butler

15. WAS DECEASED EVER IN U. S. ARMED FORCES  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT ADDRESS

JOHNS HOPKINS HOSPITAL

18. 181X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Carcinoma of Bladder  
= metastases

DUE TO

INTERVAL BETWEEN  
ONSET AND DEATH

2 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

July 1950

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Bladder

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-6-1951, to 10-19-1951, that I last saw the  
deceased alive on 10-19-1951, and that death occurred at 739 A m., from the causes and on the date stated above.

23A. SIGNATURE

W. B. Butler III

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

10/19/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

UNIVERSITY MEDICAL SCHOOL OCT 23 1951

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

Commissioner of Health

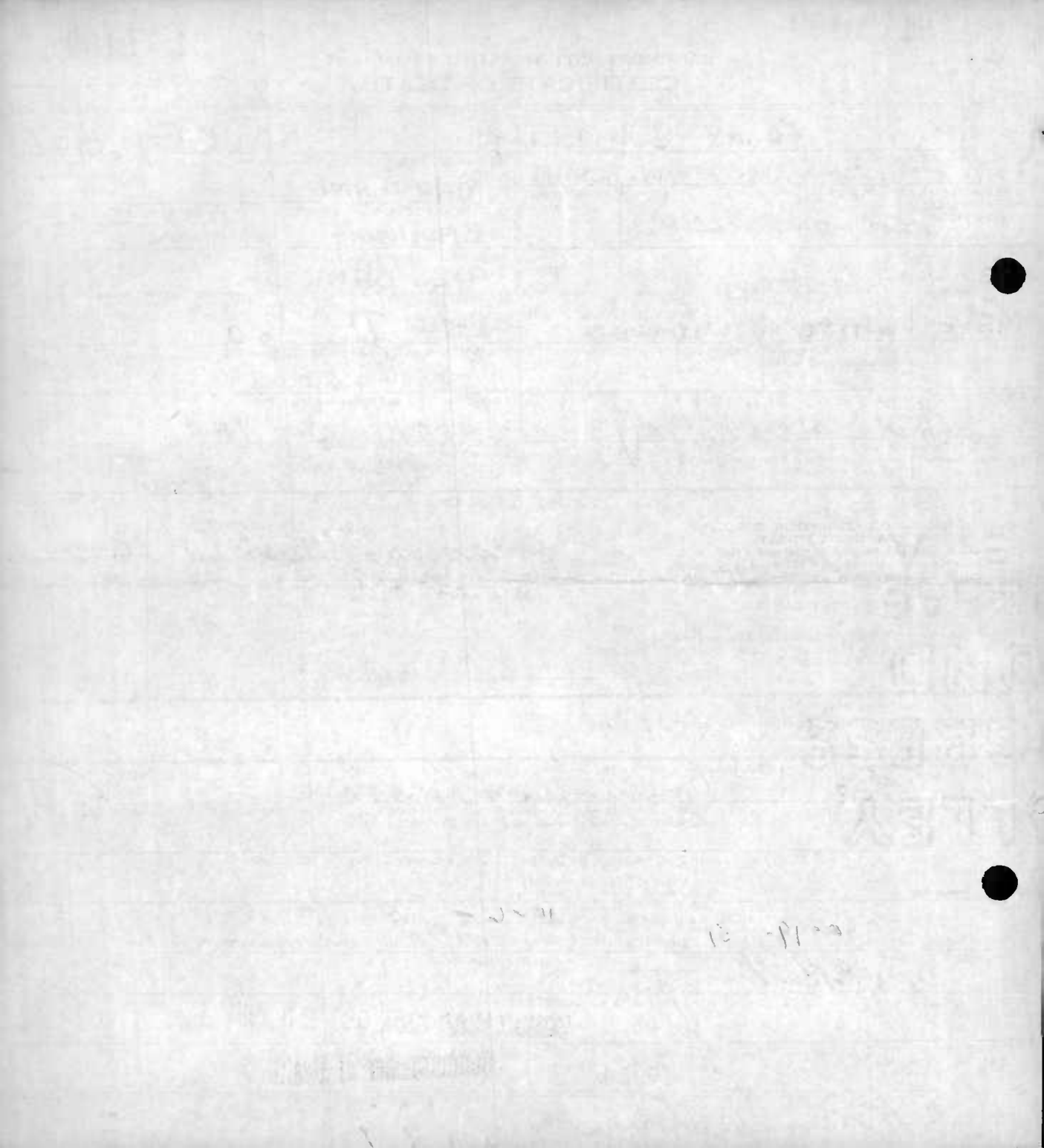
ADDRESS

VS 150

State Anatomical

52B

MEDICAL CERTIFICATION





51 9190

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9190

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MARY J. RUSSELL

2. DATE  
OF  
DEATH 10-24-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

University Hospital

28 Yrs.  
Mos.  
Days

Length of stay in Baltimore

4. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

13. FATHER'S NAME

Fred J. Beale

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL  
SECURITY NO.

8. DATE OF BIRTH

April 20,  
19239. AGE (In years  
last birthday)

28

11. Under 1 Year  
Months: Days12. Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Evelyn Bevin

17. INFORMANT  
Howard Russell  
Husband

ADDRESS

1323 Winston Ave. 18

18. E970.21

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Barbiturate poisoning

DUE TO

INTERVAL BETWEEN  
ONSET AND DEATH

3 days

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

1323 Winston Avenue #12

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

Oct. 20, 1951

P. m.

21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE  
WORK AT WORK ☒

21F. HOW DID INJURY OCCUR?

Ingestion of barbiturate

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. F. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒  
ASSISTANT MEDICAL EXAMINER ☐  
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Oct. 24, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 27, 1951

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

OCT 26 1951

REGISTRAR'S SIGNATURE

H. H. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

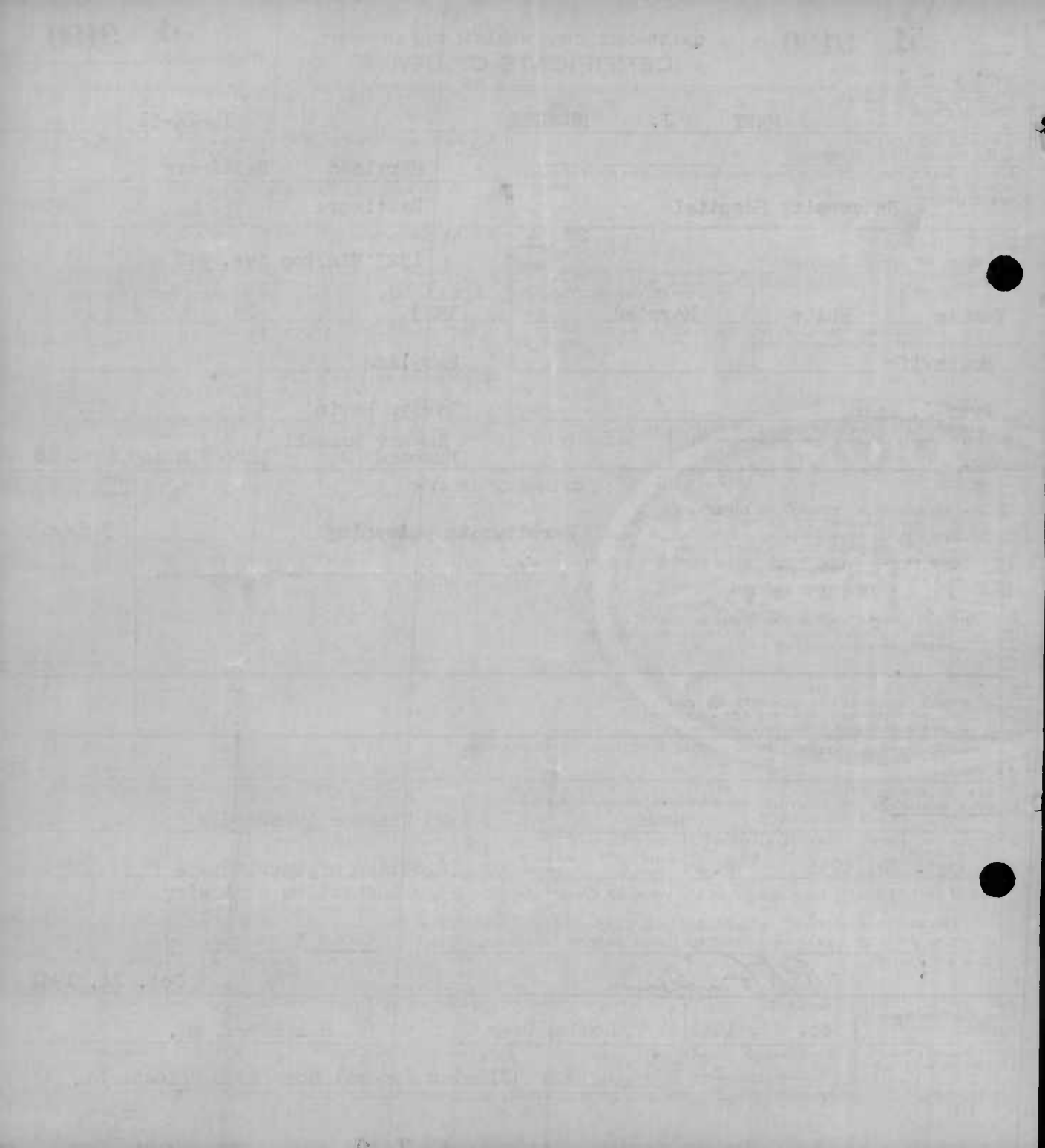
Ullrich Funeral Home 2008 Orleans St.

VS 151

N-971.0

163 B 2

MEDICAL CERTIFICATION



51 9191

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9191

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MARGARET SMITH

2. DATE  
OF  
DEATH

Oct. 23, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 424 S. Macon St.

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

424 S. Macon Street

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 26-07D. STREET ADDRESS (If rural, give location)  
424 S. Macon St.,

Length of stay in Baltimore Lifetime

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Aug. 20, 1876

9. AGE (In years  
last birthday)

75

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Henry Moerschall

14. MOTHER'S MAIDEN NAME

Elizabeth Lauterbach

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL  
SECURITY NO.  
None

17. INFORMANT

ADDRESS

William Smith, Jr. 725 S. Oldham St.

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH  
Arteriosclerotic cardiovascular diseaseINTERVAL BETWEEN  
ONSET AND DEATH

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(A) .....  
DUE TO(B) .....  
DUE TO(C) .....  
CHIEF OR ASST. MEDICAL EXAMINER

CERTIFICATION APPROVED BY

M. D.

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from patient dead when I arrived, 19\_\_, to \_\_, 19\_\_, that I last saw the deceased alive on \_\_, 19\_\_, and that death occurred at \_\_ m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Oct. 26, 1951

Oak Lawn

Colgate, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

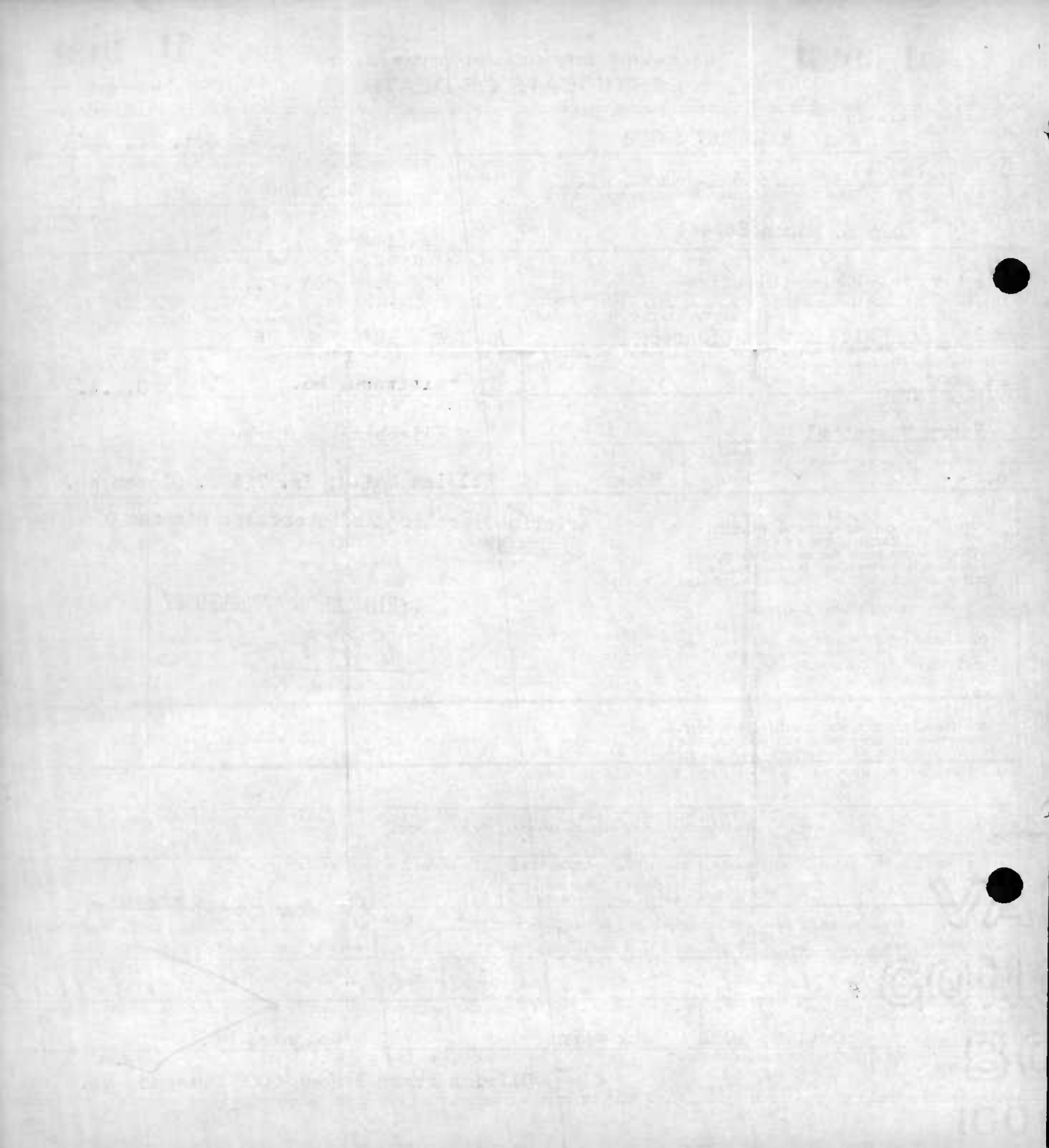
25. FUNERAL DIRECTOR

ADDRESS

OCT 26 1951

Huntington Williams, M.D.

Ulrich Funeral Home 2008 Orleans St.



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9192

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JOHN

TAYLOR

2. DATE  
OF DEATH October 25, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

Franklin Square Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1110 W. Fayette Street

Length of stay in Baltimore

Yrs.  
Mos.  
Days

SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Tailor

10B. KIND OF BUSINESS OR INDUSTRY

Pressing

13. FATHER'S NAME

William Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

11/15/1889

9. AGE (In years last birthday)

62

11 Under 1 Year  
Months: Days

11 7

11 Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Emily Turner

17. INFORMANT

ADDRESS

Calvin Taylor 1110 W. Fayette St

18. 420

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary occlusion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

11  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID INJURY OCCUR?  
(If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William H. [Signature]

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Oct. 25, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10-29-51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem. Baltimore Md

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

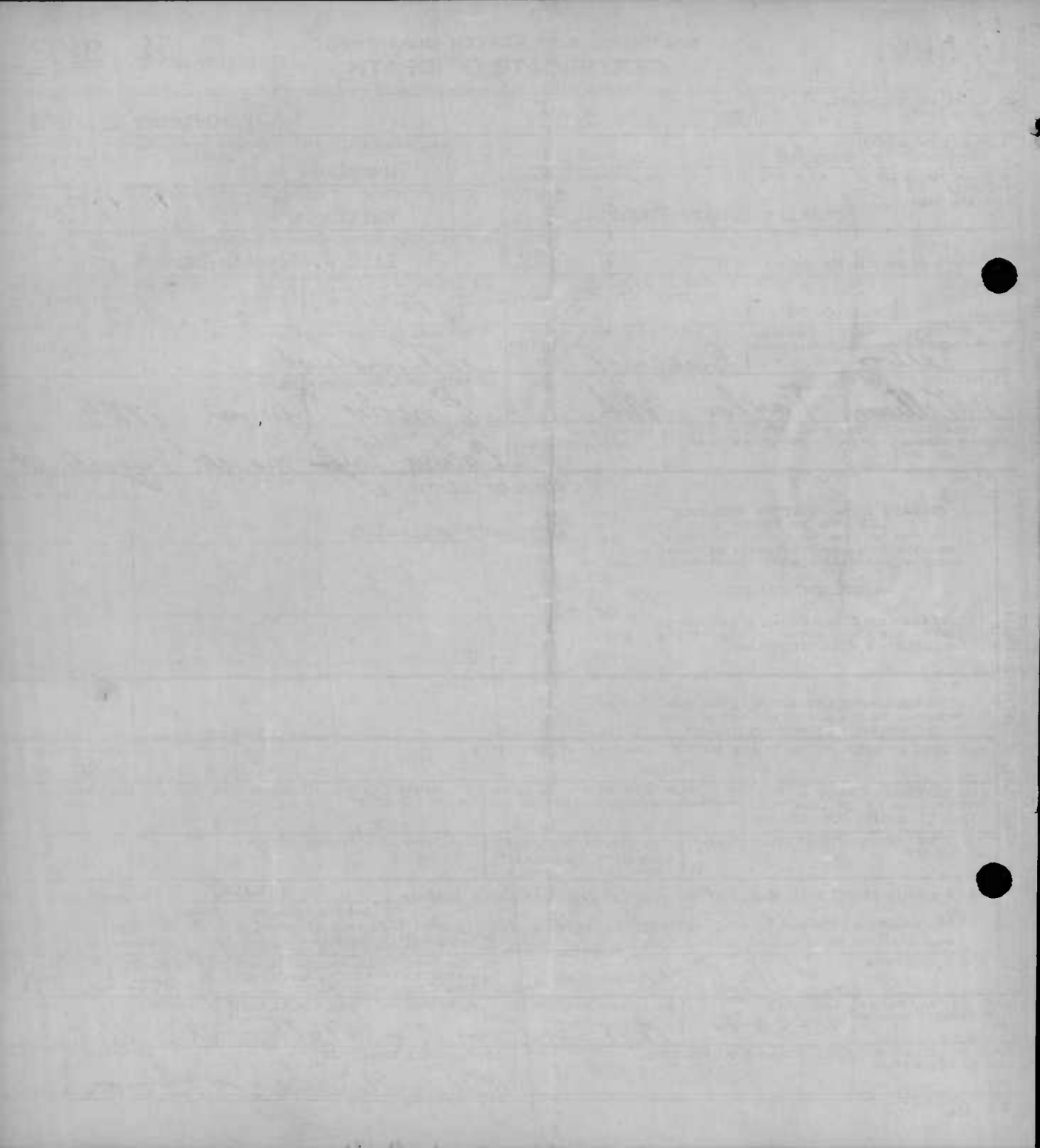
William A. Jackson 916 Penna ave

OCT 26 1951

VS 151

5908C

94a



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 9193

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <i>Johanna (Anna) Saul (Pounder)</i>		2. DATE OF DEATH <i>Oct. 25, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Anne Arundel</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Annapolis 5210</i>	
5. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <i>57 Washington St.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>7-11-80</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <i>John Pounder</i>		14. MOTHER'S MAIDEN NAME <i>Margaret Brown</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	

18. <i>4200 and 170X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH <i>Myocardial infarction</i> (A) DUE TO <i>Arteriosclerotic heart disease</i> (B) DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>acute</i>
		12mon

19A. DATE OF OPERATION <i>None</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10/17</i> , 1951, to <i>10/25</i> , 1951, that I last saw the deceased alive on <i>10/25</i> , 1951, and that death occurred at <i>8:30</i> PM, from the causes and on the date stated above.					
23A. SIGNATURE <i>James Reantree</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>10.26.51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>10-28, 1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>BREINER Hill Cemetery</i>	
24D. LOCATION (City, town, or county) (State) <i>Annapolis, Maryland</i>		25. FUNERAL DIRECTOR <i>William Reese Jr</i>		ADDRESS <i>50</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 26 1951</i>					

*108 W. Washington St. Annapolis Md.*

MEDICAL CERTIFICATION



10-10-10

10-10-10

10-10-10

10-10-10

10-10-10

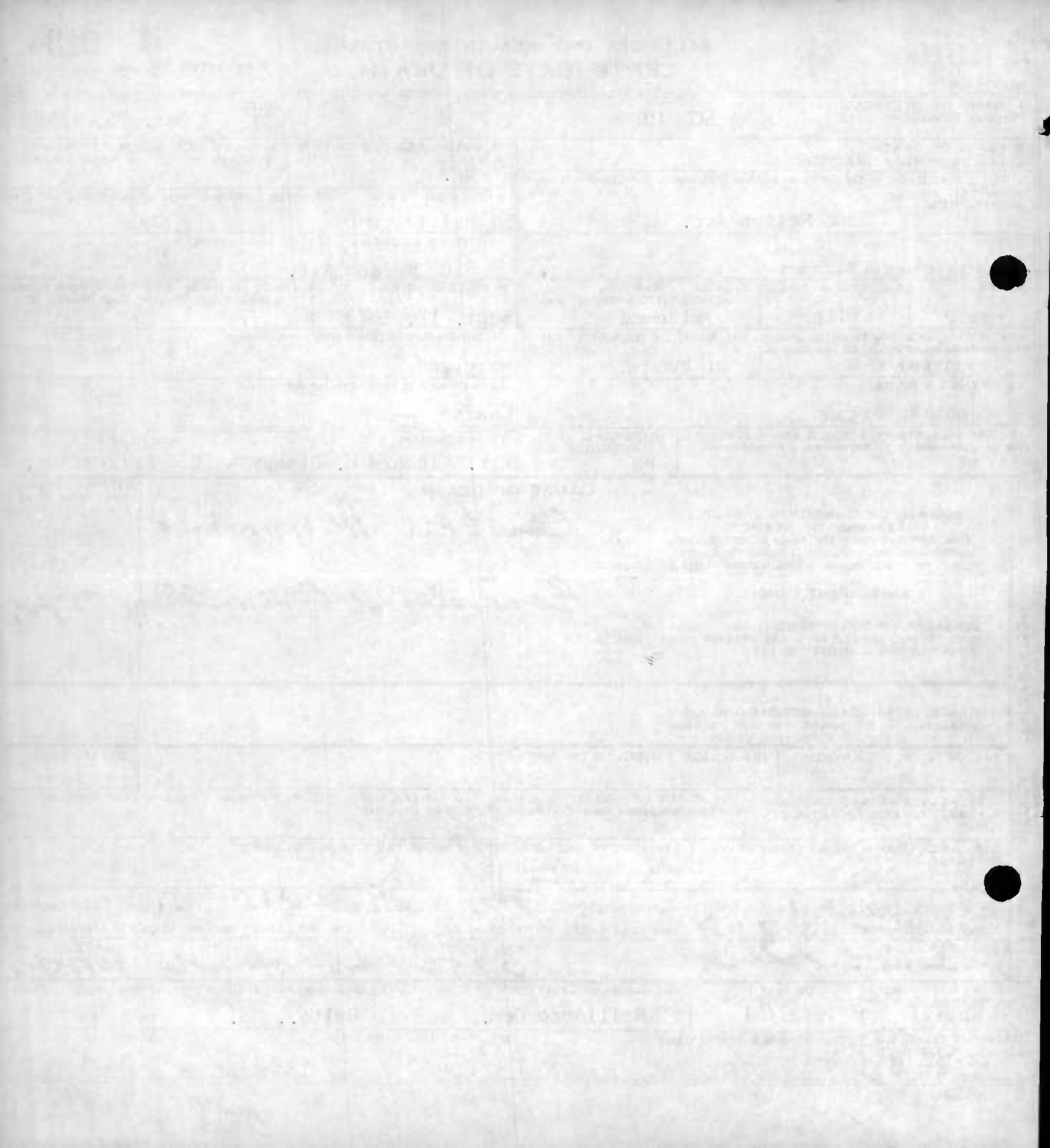
10-10-10

10-10-10

10-10-10

530  
51 9194BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9194  
Registered No.

BIRTH NO.		2. DATE OF DEATH Oct. 25, 1951	
1. NAME OF DECEASED (Type or Print) ANNA SCHMIDT		3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION 5255 Nelson Ave.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) 5255 Nelson Ave.	
5. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		6. DATE OF BIRTH Sept. 12, 1874	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. AGE (in years last birthday) 77	
9. SEX female		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? Maryland	
13. FATHER'S NAME John Roberkamp		14. MOTHER'S MAIDEN NAME Louise --	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT Mrs. Richard E. Disney - 5255 Nelson Ave.		18. CAUSE OF DEATH Cerebral Hemorrhage Generalized Arterio-Sclerosis About 3 years	
19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) 331X I DUE TO		INTERVAL BETWEEN ONSET AND DEATH About 3 years	
20. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO			
21. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb 25, 1949, to Oct 25, 1951, that I last saw the deceased alive on Oct 18, 1951, and that death occurred at 11:50 P.M., from the causes and on the date stated above.		23. SIGNATURE Julius C. Blum	
24. ADDRESS 5356 Reslorsham Rd		25. DATE SIGNED 10/25/51	
26. BURIAL, CREMATION, REMOVAL (Specify) Burial		27. DATE 10/27/51	
28. NAME OF CEMETERY OR CREMATORY Baltimore Cem.		29. LOCATION (City, town, or county) (State) Balto., Md.	
30. DATE RECEIVED BY LOCAL REGISTRAR Oct 26 1951		31. REGISTRAR'S SIGNATURE William J. Williams	
32. FUNERAL DIRECTOR Wm. J. Tichner & Sons		33. ADDRESS 830 Balto. Md.	



-460  
51 9195BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

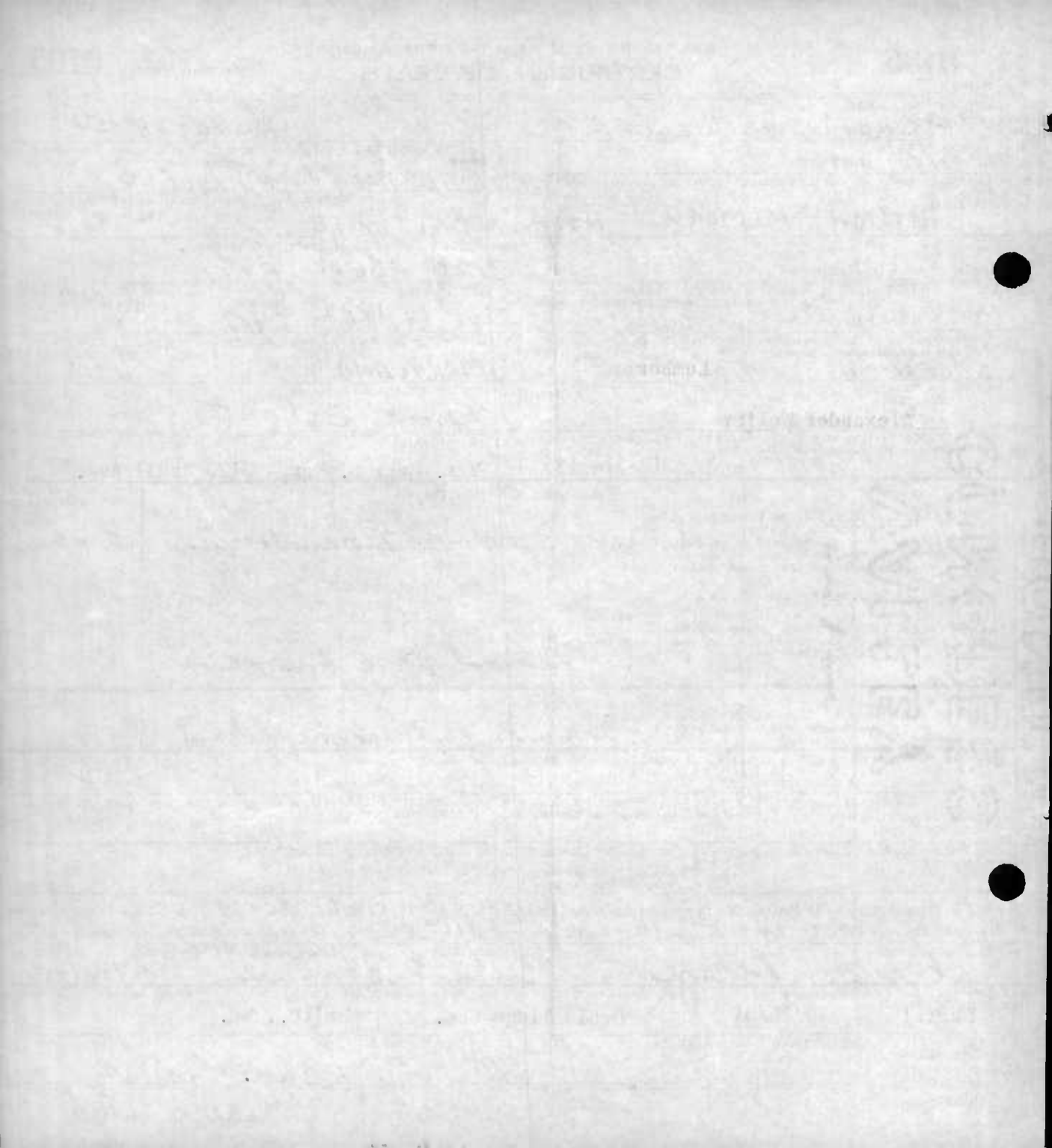
Registered No. 51 9195

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>Charles H. Weller</b>		2. DATE OF DEATH <b>10-24-51</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>BALTIMORE</b> B. COUNTY <b>MARYLAND</b>			
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>UNION MEMORIAL HOSP.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE</b>			
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>3120 ABELL AVE.</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWER</b>	8. DATE OF BIRTH <b>Sept. 14, 1884</b>	9. AGE (In years last birthday) <b>67</b>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SALESMAN</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Lumber</b>		11. BIRTHPLACE (State or foreign country) <b>MARYLAND</b>	
13. FATHER'S NAME <b>Alexander Weller</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>212-01-1125</b>		14. MOTHER'S MAIDEN NAME <b>EMMA ECKERT</b>	
17. INFORMANT <b>Mrs. Mary C. Fox - 3120 Abell Ave.</b>		ADDRESS			
18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary Thrombosis</b> DUE TO <b>(A)</b>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <b>2 wks.</b>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>(B)</b> <b>Generalized arteriosclerosis</b> DUE TO <b>(C)</b>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Chronic pyelonephritis, bilateral</b>					
19A. DATE OF OPERATION <b>10/26/51</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>OCTOBER 10, 1951</b> to <b>OCTOBER 24, 1951</b> , that I last saw the deceased alive on <b>OCT. 24, 1951</b> , and that death occurred at <b>12:30 P.m.</b> from the causes and on the date stated above.					
23A. SIGNATURE <b>Alfred S. Nelson</b>		23B. ADDRESS <b>Baltimore Union Memorial Hosp.</b>		23C. DATE SIGNED <b>Oct 24, 1951</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10/26/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Druid Ridge Cem.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 26 1951</b>		REGISTRAR'S SIGNATURE <b>William J. Williams</b>		25. FUNERAL DIRECTOR <b>St. M. J. Lickyer &amp; Sons</b>	
VS 150				ADDRESS <b>Balto Md.</b>	

MEDICAL CERTIFICATION

4906P

94a



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51 9196

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

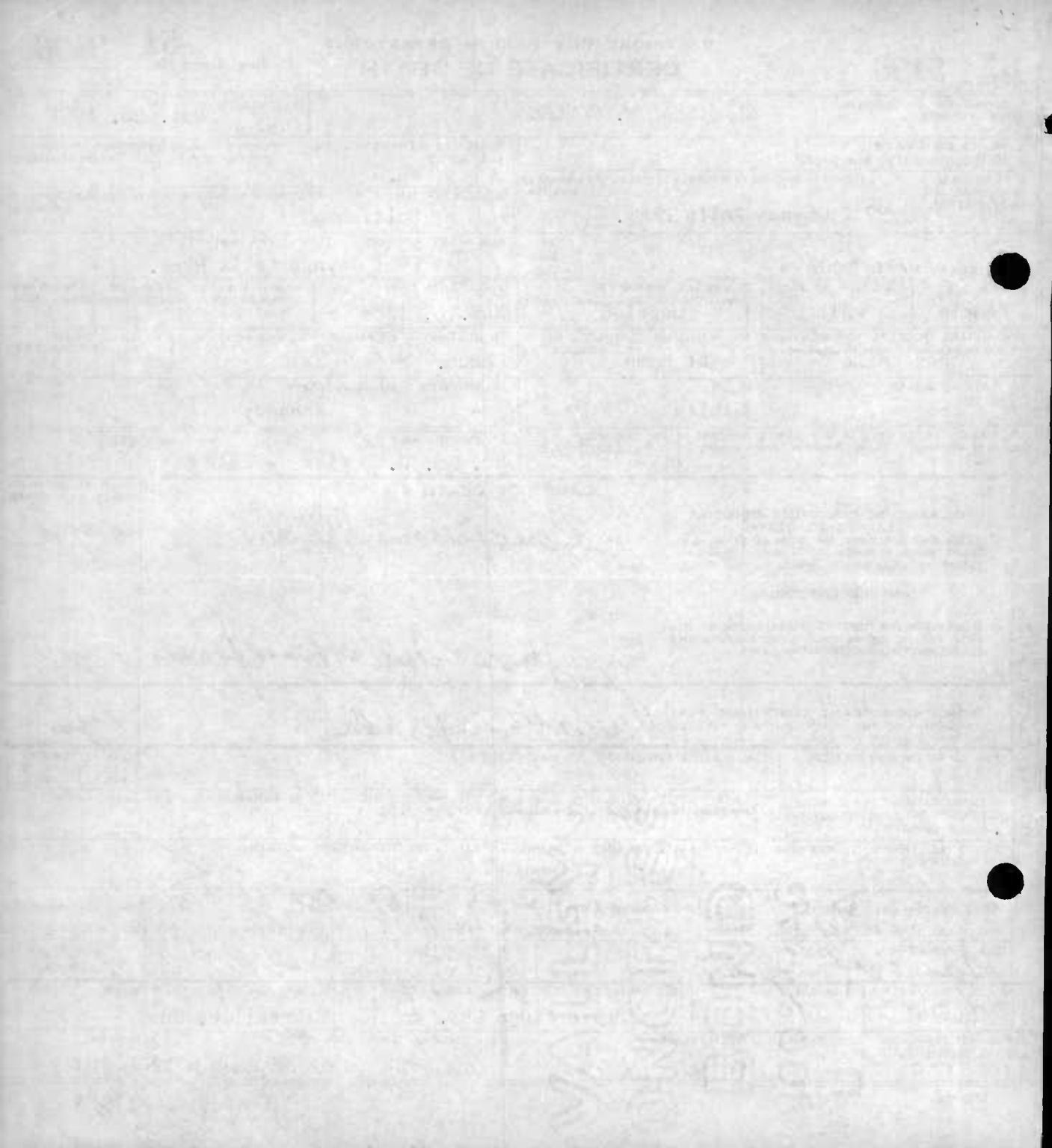
Registered No. 51 9196

1. NAME OF DECEASED (Type or Print)		CLARISSA M. MOYLES		2. DATE OF DEATH		Oct. 25, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or location)				A. STATE			
2937 Gwynns Falls Pkwy.				Md.			
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				Baltimore			
D. STREET ADDRESS (If rural, give location)				2937 Gwynns Falls Pkwy.			
Length of stay in Baltimore				Yrs. Mos. Days			
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
female		white		married		Nov. 5, 1889	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday)		11. BIRTHPLACE (State or foreign country)	
housewife		at home		61		Penna.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
-				Kennedy			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT			
-		-		Mr. Wm. J. Moyles - 2937 Gwynns Falls Pkw			

MEDICAL CERTIFICATION

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)				CAUSE OF DEATH				INTERVAL BETWEEN ONSET AND DEATH			
(A) Carcinoma of Cervix				DUE TO				4 yrs			
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				(B) DUE TO				1 yr			
(C) Varico-Vaginal fistula				DUE TO				4 yrs			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.											
19A. DATE OF OPERATION				19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY?			
0								YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR?		(If in Baltimore City, give exact location)					
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?							
		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>									
22. I hereby certify that I attended the deceased from May 1947, to Oct. 25, 1951, that I last saw the deceased alive on Oct 25, 1951, and that death occurred at 5 A. m., from the causes and on the date stated above.											
23A. SIGNATURE				23B. ADDRESS				23C. DATE SIGNED			
Wm. J. Pickner				2935 Gwynns Falls Pkwy				10/26/51			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county)		(State)			
Burial		10/27/51		Druid Ridge Cem.		Pikesville, Md					
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR		ADDRESS					
OCT 26 1951		Wm. J. Pickner		Wm. J. Pickner & Sons		48a Baito Md.					





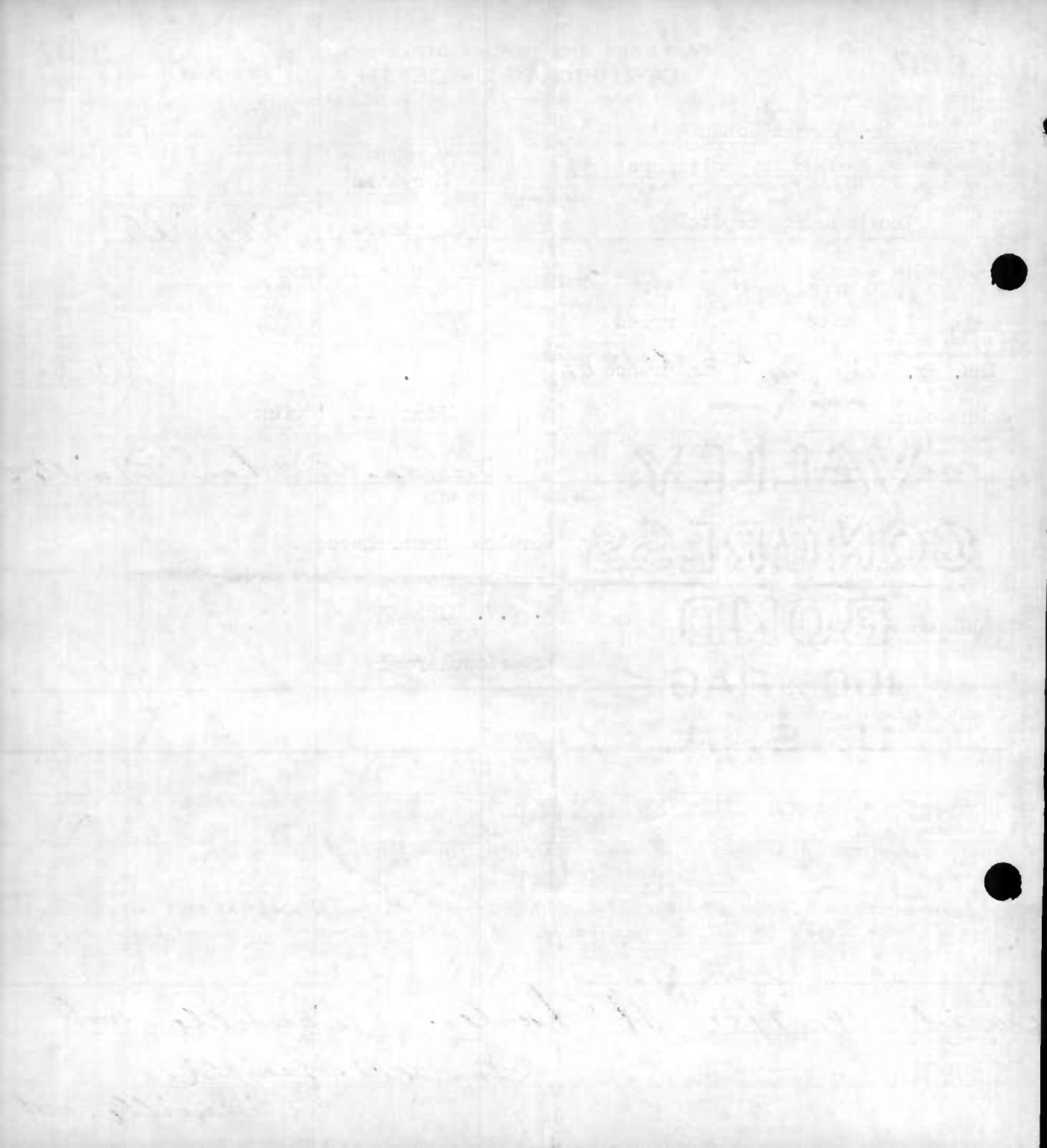


500  
51 9197

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9197  
Registered No.

1. NAME OF DECEASED (Type or Print) <i>g.</i> <b>Mr. Thomas Mohan</b>		2. DATE OF DEATH <b>10/24/51</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Baltimore</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bon Secours Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore, Pikesville</b>	
6. LENGTH OF STAY IN BALTIMORE <b>2</b> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>115 Sudbrook Lane, 5300</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>7/30/82</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ins. Ex. Vice Pres.</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>ALL STATE Insurance Co</b>	9. AGE (in years last birthday) <b>69</b>
11. BIRTHPLACE (State or foreign country) <b>Pa.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>John Mohan</b>		14. MOTHER'S MAIDEN NAME <b>Elizabeth O'Brien</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Laura P. Mohan</b>		ADDRESS <b>Pikesville, Md</b>	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>(A) Cerebral hemorrhage</b> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>(B) A. C. V. DISEASE</b> DUE TO <b>(C) Arteriosclerosis</b>			
19. DATE OF OPERATION <b>0</b> 19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>October 22, 1951</b> , to <b>October 24, 1951</b> , that I last saw the deceased alive on <b>October 24, 1951</b> , and that death occurred at <b>2:25 p.m.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>Dr. H. H. Harte</b>		23B. ADDRESS <b>Bon Secours Hospital</b>	
23C. DATE SIGNED <b>10/29/51</b>		23D. LOCATION (City, town, or county) (State) <b>Pikesville, Md</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10/27/51</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>St. Charles</b>		24D. LOCATION (City, town, or county) (State) <b>Pikesville, Md</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>CT 261951</b>		REGISTRAR'S SIGNATURE <b>Frank H. Jewell</b>	
25. FUNERAL DIRECTOR <b>Frank H. Jewell</b>		ADDRESS <b>Pikesville, Md</b>	



250

CERTIFICATE CORR CTED 3/27/52 ES

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 9198

Registered No. 51 9198

BIRTH NO. 51 9198

1. NAME OF DECEASED  
(Type or Print) *Arthur Ockemay*

2. DATE OF DEATH *Oct 25, 1951*

3. PLACE OF DEATH:  
A. Baltimore City, Maryland *1410 N Central Ave*

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  
B. COUNTY *9-09*

5. SEX *m*

6. COLOR OR RACE *C*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *Single*

8. DATE OF BIRTH *June 10, 1885*

9. AGE (In years, Months, Days) *66*

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Before*

10B. KIND OF BUSINESS OR INDUSTRY *gen*

11. CITIZEN OF WHAT COUNTRY? *U.S.A.*

12. CITIZEN OF WHAT COUNTRY? *U.S.A.*

13. FATHER'S NAME *James Ockemay*

14. MOTHER'S MAIDEN NAME *Florance Smith*

15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) *No*

16. SOCIAL SECURITY NO. *002 X*

17. INFORMANT *Bertha Ockemay*

18. ADDRESS *808 N Carroll St*

19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
*Pulmonary Hemorrhage*

20. INTERVAL BETWEEN ONSET AND DEATH *Imm*

21. ANTECEDENT CAUSES  
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  
*Pt. had not been seen clinically since June/51*

22. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  
*Pulmonary tuberculosis in Nov. 1947*

23. (over)

24. DATE OF OPERATION *0*

25. MAJOR FINDINGS OF OPERATION

26. AUTOPSY? YES ☐ NO ☐

27. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

28. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

29. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

30. TIME (Month) (Day) (Year) (Hour) OF INJURY

31. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

32. HOW DID INJURY OCCUR?

33. I hereby certify that I attended the deceased from *Oct 25, 1951*, to *Oct 25, 1951*, that I last saw the deceased alive on *Oct 25, 1951*, and that death occurred at *7 a. m.*, from the causes and on the date stated above.

34. SIGNATURE *[Signature]*

35. ADDRESS *424 N. Broadway*

36. DATE SIGNED *10/26/51*

37. M. D. *[Signature]*

38. NAME OF CEMETERY OR CREMATORY *Calvary Cemetery*

39. LOCATION (City, town, or county) (State) *A. A. Co. Md*

40. DATE RECEIVED BY LOCAL REGISTRAR *OCT 26 1951*

41. REGISTRAR'S SIGNATURE *[Signature]*

42. FUNERAL DIRECTOR *[Signature]*

43. ADDRESS *1515 Mc Elderry St*

VS 150

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See Document File 51-9198

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51 9199

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9199

Registered No.

1. NAME OF DECEASED (Type or Print) <b>IGNATIUS - RZEPKOWSKI</b>		2. DATE OF DEATH <b>Oct. 25-1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Balto. City</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>md.</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>1612 Cereal St</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Balto. 25-05</b>	
Length of stay in Baltimore <b>45 yrs</b>		D. STREET ADDRESS (If rural, give location) <b>1612 Cereal St.</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH
9. AGE (In years last birthday) <b>69</b>		10. UNDER 1 Year Months: Days: 11. UNDER 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Arundelle Corp.</b>	
11. BIRTHPLACE (State or foreign country) <b>Poland</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>✓</b>		14. MOTHER'S MAIDEN NAME <b>✓</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>218-03-9081</b>	
17. INFORMANT <b>Joseph Rzepkowski</b>		ADDRESS <b>1612 Cereal St</b>	
18. <b>159 X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CAUSE OF DEATH</b> (A) <b>Metastatic Carcinoma -</b> <b>DUE TO OF G.I. TRACT TO liver-etc</b> (B) <b>DUE TO</b> (C) <b>INTERVAL BETWEEN ONSET AND DEATH</b>			
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Oct 5, 1951</b> , to <b>Oct. 25, 1951</b> , that I last saw the deceased alive on <b>Oct 23, 1951</b> , and that death occurred at <b>3 A. m.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>Paul Lubin</b>		23B. ADDRESS <b>320 Calapsed Ave</b>	
23C. DATE SIGNED <b>10-26-51</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Oct. 29-1951</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Holy Cross</b>		24D. LOCATION (City, town, or county) (State) <b>A. A. Co.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>Oct 28 1951</b>		REGISTRAR'S SIGNATURE <b>Wm. S. Fialkowski</b>	
25. FUNERAL DIRECTOR <b>Wm. S. Fialkowski</b>		ADDRESS <b>2007 Eastern Ave</b>	

MEDICAL CERTIFICATION

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STATE OF TEXAS

COUNTY OF DALLAS

INVESTIGATION

REPORT

WATKINS

REPORT OF

WATKINS



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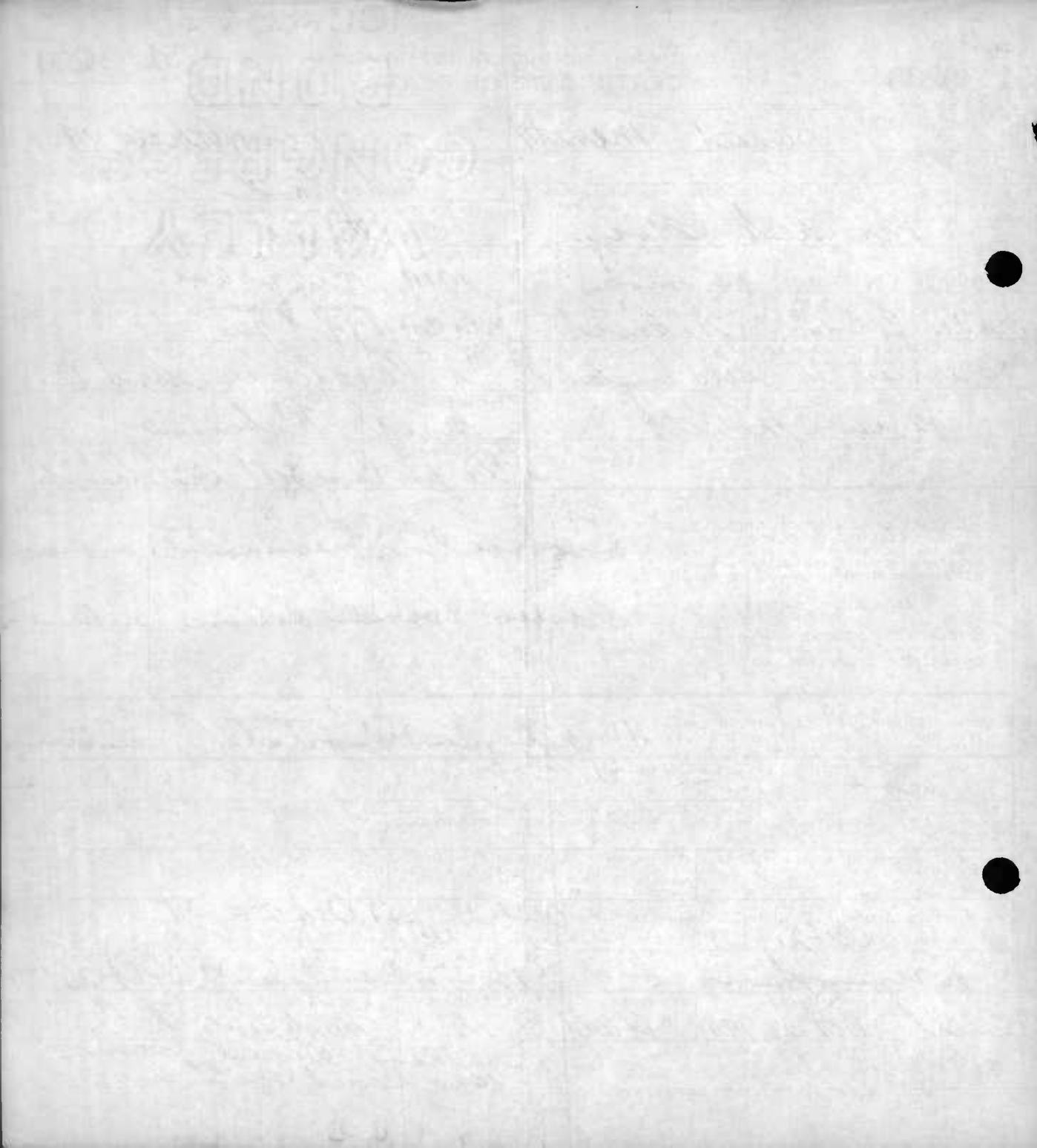
51 9200

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9200

1. NAME OF DECEASED (Type or Print) <i>Daniel Merritt</i>		2. DATE OF DEATH <i>Oct. 24, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Provident Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 16-04</i>	
D. STREET ADDRESS (If rural, give location) <i>1919 Riggs Ave.</i>			
5. SEX <i>Male</i>		6. COLOR OR RACE <i>Colored</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widower</i>		8. DATE OF BIRTH <i>July 30, 1879</i>	
9. AGE (In years last birthday) <i>72</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>	
11. KIND OF BUSINESS OR INDUSTRY <i>Self-employed</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13. FATHER'S NAME <i>James Merritt</i>		14. MOTHER'S MAIDEN NAME <i>Mary Robinson</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>1111111111</i>	
17. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Influenza, Pneumonia</i>		18. CAUSE OF DEATH <i>Cerebro-Vascular Disease</i>	
19. ANTECEDENT CAUSES <i>Hypertension</i>		20. INTERVAL BETWEEN ONSET AND DEATH	
21. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		22. DATE OF OPERATION <i>None</i>	
23. MAJOR FINDINGS OF OPERATION		24. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		26. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
27. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		28. HOW DID INJURY OCCUR?	
29. TIME (Month) (Day) (Year) (Hour) INJURY		30. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
31. I hereby certify that I attended the deceased from <i>Oct 4, 1951</i> to <i>Oct 24, 1951</i> , that I last saw the deceased alive on <i>Oct 21, 1951</i> , and that death occurred at <i>3:15 p.m.</i> , from the causes and on the date stated above.			
32. SIGNATURE <i>Benjamin Sr.</i>		33. ADDRESS <i>1227 Corlies St.</i>	
34. DATE SIGNED <i>Oct 26 1951</i>		35. DATE SIGNED	
36. BURNING, CREMATION, REMOVAL (Specify) <i>Burial</i>		37. DATE <i>Oct 26 1951</i>	
38. NAME OF CEMETERY OR CREMATORY <i>Hall Cemetery</i>		39. LOCATION (City, town, or county) (State) <i>W. Chive, N. C.</i>	
40. DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 26 1951</i>		41. REGISTRAR'S SIGNATURE <i>William H. Williams</i>	
42. FUNERAL DIRECTOR <i>W. H. Williams</i>		43. ADDRESS <i>1651 Druid Hill Ave.</i>	





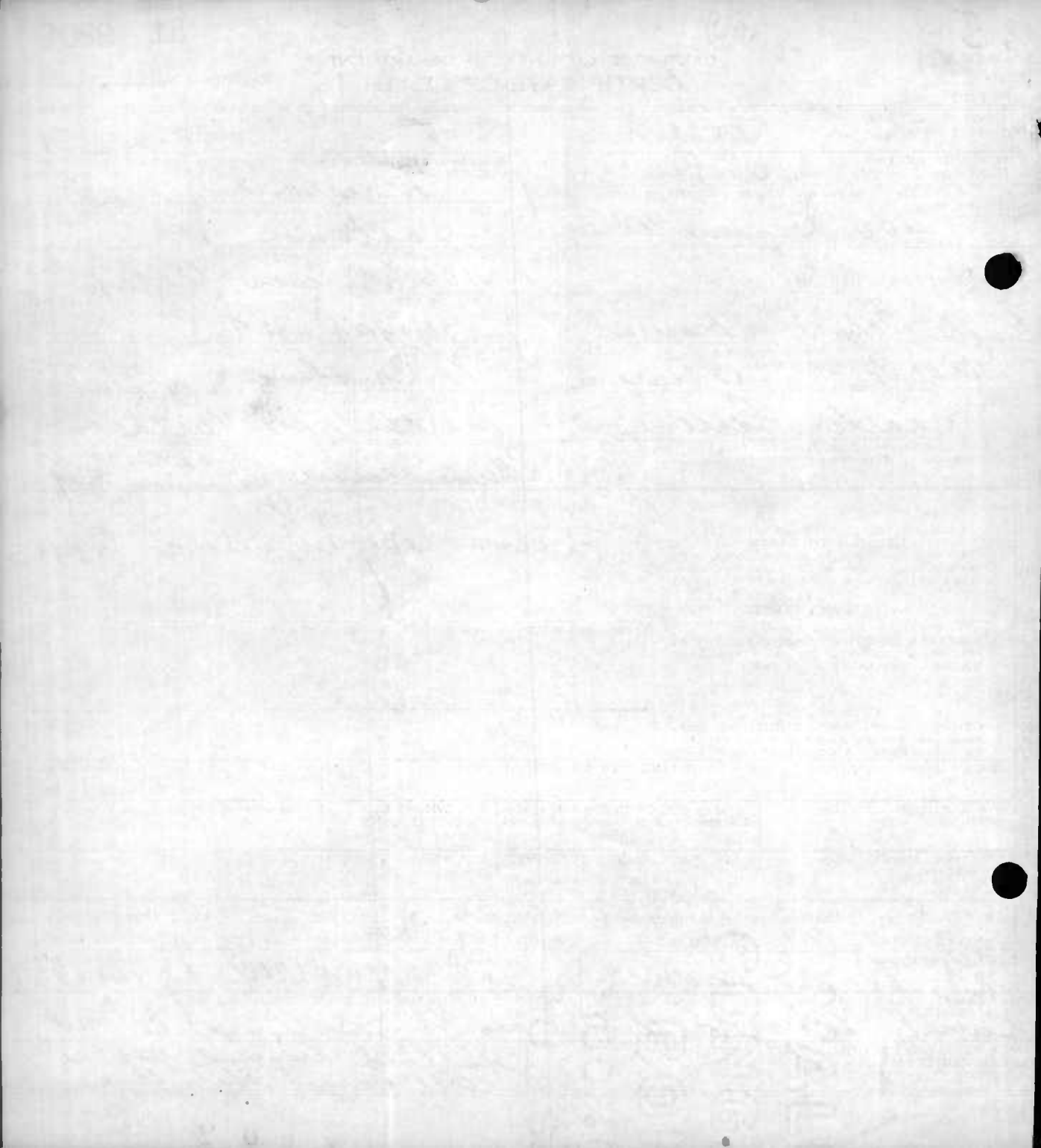
650  
1 9201

51 9201

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Edna Greene</i>		2. DATE OF DEATH <i>10-23-51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>406 Bowen Alley</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>406 Bowen Alley</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>12-05</i>			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>406 Bowen Alley</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>June 10, 1924</i>	9. AGE (In years last birthday) <i>27</i>	10. Under 1 Year Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Agent</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Insurance</i>		11. BIRTHPLACE (State or foreign country) <i>N. Carolina</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>Charles Greene</i>		14. MOTHER'S MAIDEN NAME <i>Marta Mc Carther</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Herman Greene Jamaica, N.Y.</i>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>002X I</i>		CAUSE OF DEATH <i>Pulmonary Tuberculosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>6 mos</i>	
DUE TO		(A)			
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10-30-51</i> , to <i>10-30-51</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>10-20-51</i> , and that death occurred at <i>12:45 P.M.</i> from the causes and on the date stated above.					
23A. SIGNATURE <i>H. K. Johnson</i>		23B. ADDRESS <i>403 Med Arts Bldg</i>		23C. DATE SIGNED <i>10-23-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Oct. 27, 1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Arboretum Mem. Pk.</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore Co. Md.</i>		25. FUNERAL DIRECTOR <i>Holland Funeral Home</i>		ADDRESS <i>1651 Druid Hill Ave.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 26 1951</i>		REGISTRAR'S SIGNATURE <i>Frederick M. Williams</i>		25. FUNERAL DIRECTOR <i>Holland Funeral Home</i>	

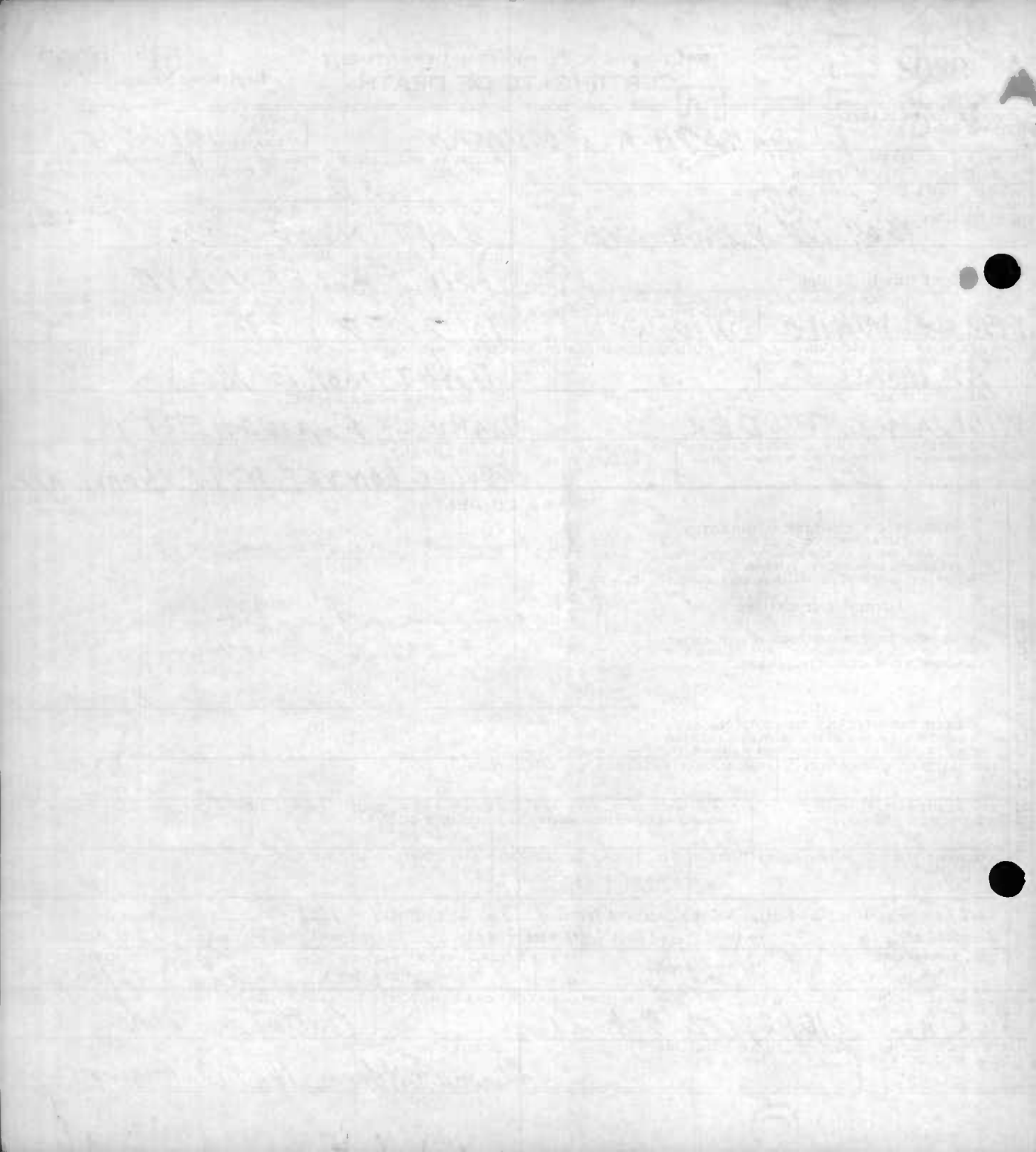


BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9202

BIRTH NO. 355 9202		1. NAME OF DECEASED (Type or Print) <b>ELIZABETH A. GOODMAN</b>		2. DATE OF DEATH <b>10/25/51</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE <b>MD.</b> B. COUNTY		5. CITY OR TOWN (If outside corporate limits, write "URBAL" and give township) <b>BALTIMORE 26-05</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>1509 DUNDALK AVE</b>		D. STREET ADDRESS (If rural, give location) <b>6016 EASTERN AVE</b>		6. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>10/7/77</b>	9. AGE (In years last birthday) <b>74</b>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>BALTIMORE MD</b>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <b>WILLIAM L. TUDER</b>		14. MOTHER'S MAIDEN NAME <b>MARY C. FLAUGHERTY</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>NO</b>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <b>GEORGE CONNER, 1509 DUNDALK AVE</b>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>174X I</b> <b>CAUSE OF DEATH</b> (A) <b>terminal uremia</b> DUE TO (B) <b>Carcinoma of uterus</b> DUE TO <b>metastasis to kidney</b> (C) INTERVAL BETWEEN ONSET AND DEATH		19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>10/20</b> , 19 <b>51</b> , to <b>10/25</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>19</b> , and that death occurred at <b>m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Louis J. Pratt</b>		23B. ADDRESS <b>8402 E. Jockey Rd</b>		23C. DATE SIGNED <b>10/25/51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>10/29/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Dak Lawn</b>	
24D. LOCATION (City, town, or county) (State) <b>Baltimore MD</b>		25. FUNERAL DIRECTOR <b>Blumenfeldman</b>		ADDRESS <b>1639 Broadway</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 26 1951</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		48B	

MEDICAL CERTIFICATION



AB 353239  
113 9203

CERTIFICATE CORRECTED NOV. 7, 1951  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9203  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>Joseph Rudzinskas</b>		2. DATE OF DEATH <b>10-21-1951</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Baltimore City Hospitals 4940 Eastern Ave.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>4-2</b>			
D. STREET ADDRESS (If rural, give location) <b>Homeless</b> <b>641 W. Lombard St.</b>		E. LENGTH OF STAY IN BALTIMORE <b>57yrs.</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>March 25- 1873</b>	9. AGE (In years last birthday) <b>78</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>TAILOR</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>COAT MAKER</b>		11. BIRTHPLACE (State or foreign country)	
13. FATHER'S NAME <b>Joseph</b>		14. MOTHER'S MAIDEN NAME <b>Eva</b> ✓			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT <b>Baltimore City Hospitals Records: 4940 Eastern Ave.</b>	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>I 491X</b> <b>Bronchopneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b> <b>Malnutrition</b>		(over)

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <b>10-19-</b> , 19 <b>51</b> , to <b>10-21-</b> , 19 <b>51</b> that I last saw the deceased alive on <b>10-21-</b> , 19 <b>51</b> , and that death occurred at <b>6.40A.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>J. S. Hogan</b>		23B. ADDRESS M. D. <b>4940 Eastern Ave. Baltimore, Md.</b>		23C. DATE SIGNED <b>10-24-1951</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24B. DATE <b>10/27/51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Holy Redemptor</b>		24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 26 1951</b>	REGISTRAR'S SIGNATURE <b>Thurston Williams</b>		25. FUNERAL DIRECTOR <b>Chas. W. Sachowski</b>		ADDRESS <b>703 McHenry</b>

MEDICAL CERTIFICATION



~~Bureau of the Health Department~~  
~~card from University Hospital~~

See Document File 51-9203

Letter from Dr. R. S. Robers, Asst Supt-Medical  
Baltimore City Hospitals

Correcting Tuberculosis to Bronchopneumonia --Malnutrition  
BCHD

Dr. Silverman, Director, Bureau of Tuberculosis/checked  
also, by phone --"This was an error in recording"

12/7/51 ES



425  
9204BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9204

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Laura Wilson

2. DATE  
OF  
DEATH

10.26.1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Doctors Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2511 N. Charles St.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

FEB. 8, 1898

9. AGE (In years

last birthday)

53

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

EDWIN BRUNDRETT.

14. MOTHER'S MAIDEN NAME

MARY ALLEN.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Harry Wilson, 2511 N. Charles St.

18. 443 X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral hemorrhage

DUE TO

(B)

Hypertensive Cardio-Vasc. Disease

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE  
WORK AT WORK

22. I hereby certify that I attended the deceased from 10.17 1951, to 10.26, 1951, that I last saw the deceased alive on 10.25, 1951, and that death occurred at 1:35 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 26 1951

William Williams, Jr.

Wm. Cook, Inc., 217 E. Paul St.

Dr. Hornstein

Date of Birth

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **51 9205**

**625**  
BIRTH NO. **9205**

1. NAME OF DECEASED (Type or Print) <b>MRS. CATHERINE PEARSON</b>			2. DATE OF DEATH <b>Oct. 25, 1951</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>4206 Woodlea Ave</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 26-02</b>		
D. STREET ADDRESS (If rural, give location) <b>4206 E. Woodlea Ave.</b>			E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>March 10, 1869</b>	9. AGE (In years last birthday) <b>82</b>	10. Under 1 Year Months: Days Hours Min. <b>7 15</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Self</b>		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>			13. FATHER'S NAME <b>Henry Samm</b>		
14. MOTHER'S MAIDEN NAME <b>Elizabeth Tuchs</b>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS <b>Mrs. Estelle Norman - 4206 E. Woodlea Ave.</b>		

18. <b>443X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Pulmonary Edema</b>		CAUSE OF DEATH (A) <b>Pulmonary Edema</b> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Cardio - Vascular Hypertensive Disease</b>		(B) <b>Cardio - Vascular Hypertensive Disease</b> DUE TO	<b>5 years</b>
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Arteriosclerosis</b>		(C) <b>Arteriosclerosis</b> DUE TO	<b>5 years</b>

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from **January**, 1949, to **Oct. 25**, 1951, that I last saw the deceased alive on **Oct. 24**, 1951, and that death occurred at **1:40 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE **Michael J. Dausch** M. D. 23B. ADDRESS **4636 Belair Road** 23C. DATE SIGNED **10/25/51**

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>10-27-51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Baltimore</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore, Maryland</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 26 1951</b>		REGISTRAR'S SIGNATURE <b>Wilmington Williams, Jr.</b>	25. FUNERAL DIRECTOR ADDRESS <b>Wm. Cook Inc. 1217 St. Paul St.</b>

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550 Dr. Sawyer  
51 9206BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9206  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Charlotte Louise Onnen		2. DATE OF DEATH Oct. 25, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 6417 Sefton Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 6417 Sefton Avenue			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Aug. 11, 1886	9. AGE (In years last birthday) 65	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
12. CITIZEN OF WHAT COUNTRY		13. FATHER'S NAME Charles Sporer		14. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Ross Lampe, 6417 Sefton Ave.	

18. 174X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Carcinoma of uterus DUE TO (B) DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH 2 yrs.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Aug 23, 1951 to Oct 25, 1951, that I last saw the deceased alive on Oct. 24, 1951, and that death occurred at 8:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE George Sawyer		23B. ADDRESS M. D. 4808 Harford Rd.		23C. DATE SIGNED 10/25/51	
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10-27-51		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
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DATE RECEIVED BY LOCAL REGISTRAR OCT 26 1951		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Leonard J. Ruck, 5305 Harford Road.		ADDRESS	
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1002 10

RECEIVED  
1002 10

1002 10

*[Faint, illegible text and markings across the page, possibly bleed-through from the reverse side.]*

CERTIFICATE OF DEATH

Registered No.

51

9207

1. NAME OF DECEASED (Type or Print) <b>RICHARD A. O'NEILL</b>		2. DATE OF DEATH <b>Oct. 24, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Union Memorial</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>1832 W. Fayette Street</b>		E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>AUG. 8, 1913</b>
9. AGE (in years last birthday) <b>38</b>		10. UNDER 1 Year Months: _____ Days: _____	11. UNDER 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MACHINIST</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>BENDIX RADIO</b>	
11. BIRTHPLACE (State or foreign country) <b>MD.</b>		12. CITIZEN OF WHAT COUNTRY	
13. FATHER'S NAME <b>WILLIAM O'NEILL</b>		14. MOTHER'S MAIDEN NAME <b>CECELIA A. RYAN</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>705-05-5366</b>	
17. INFORMANT <b>MR. Wm. Bowman</b>		ADDRESS <b>-4625 Rakely Rd.</b>	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Fracture of skull</b> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Crushing injury of chest</b> DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Road</b>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>Joppa Road near Black &amp; Decker 5300</b>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>Oct. 23, 1951 6:45 P.m.</b>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <b>Auto &amp; truck collision (driver)</b>	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input checked="" type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/>			
23A. SIGNATURE <b>Stanley H. Dunbar</b>		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
23C. DATE SIGNED <b>Oct. 24, 1951</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>10-27-51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>CATHEDRAL CEM.</b>	24D. LOCATION (City, town, or county) (State) <b>BALTO. M.D.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>Oct 26 1951</b>	REGISTRAR'S SIGNATURE <b>George A. Farley</b>	FUNERAL DIRECTOR <b>George A. Farley</b>	
ADDRESS <b>Tulter Ave. Fayette St.</b>			

MEDICAL CERTIFICATION



CONTINUATION OF DEATH

1957

DATE OF DEATH

AGE

SEX

PLACE OF BIRTH

1957



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **51 9208**

1. NAME OF DECEASED (Type or Print) <b>JAMES J. POLEDNA</b>		2. DATE OF DEATH <b>October 25, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>South Baltimore General Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>1526 Hanover Street</b>		E. LENGTH OF STAY IN BALTIMORE <b>Life</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Aug. 17, 1875</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Handy man</b>	9. AGE (In years last birthday) <b>76</b>
11. BIRTHPLACE (State or foreign country) <b>Balto. Md.</b>		12. CITIZEN OF WHAT COUNTRY? <b>US</b>	
13. FATHER'S NAME <b>Unknown</b>		14. MOTHER'S MAIDEN NAME <b>Unknown</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Herbert J. Poledna</b>		ADDRESS <b>1526 S. Hanover St.</b>	

18. <b>443X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Hypertensive cardiovascular disease</b>		INTERVAL BETWEEN ONSET AND DEATH
CAUSE OF DEATH (A) <b>Hypertensive cardiovascular disease</b> DUE TO		
(B) DUE TO		
ANTECEDENT CAUSES (C) DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William J. Williams</i>	23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>	23C. DATE SIGNED <b>Oct. 25, 1951</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>10/27/51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Holy Redeemer</b>
24D. LOCATION (City, town, or county) <b>Balto. Md</b>		(State)

DATE RECEIVED BY LOCAL REGISTRAR <b>Oct 26 1951</b>	REGISTRAR'S SIGNATURE <i>William J. Williams</i>	25. FUNERAL DIRECTOR <b>Philip E. Lush</b>	ADDRESS <b>2716 E. Mount St.</b>
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STATE OF TEXAS

STATE OF TEXAS

A. J. BROWN, JR.

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462  
51 9209  
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9209  
Registered No.

1. NAME OF DECEASED  
(Type or Print)

JOHN KOLARIK

2. DATE OF DEATH  
10-23-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

910N. MONTEFORD AVE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
BALTIMORE

D. STREET ADDRESS (If rural, give location)

910 N. MONTEFORD AVE

Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday) If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

TAILOR

MENS CLOTHING

BOHEMIA

13. FATHER'S NAME

FRANK KOLARIK

14. MOTHER'S MAIDEN NAME

THERESA MIXAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

213-09-5586 CATHARINE JESATKO 901 N. MONTEFORD

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

CARCINOMATOSIS Generalized

2 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

CARCINOMA of PROSTATE gland

10 yrs

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

DEC 5, 1941

CARCINOMA OF PROSTATE GLAND

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

Mr.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from JUNE 10, 1950, to OCT 23, 1951, that I last saw the deceased alive on OCT 22, 1951, and that death occurred at 10 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Joseph Pokorny

M. D.

2200 E. Madison St

10/24/51

24A. BURIAL CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

10-27-51

HOLY REDEEMER

BALTIMORE

MD 6

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 26 1951

William H. Williams, M.D.

FRANK CYACH & SON 900 N. CHESTER



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51 9210

1. PLACE OF DEATH- COUNTY <u>109-5 POPPLETON MARYLAND</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Md.</u> COUNTY <u>18-03</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>109</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>BALTIMORE</u>	
E. T. ADDRESS <u>109-S. POPPLETON ST</u>		STREET ADDRESS (If rural, give location) <u>109 S. Poppleton St</u>	
3. NAME OF DECEASED (Type or Print) <u>ROSINA</u> (First) (Middle) (Last) <u>LUEBKERT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 26 1951</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>587</u> yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>CLERK US GOVT</u>	9. AGE last birthday <u>587</u> yrs.
11. BIRTHPLACE (State or foreign country) <u>WASHINGTON DC</u>		12. CITIZEN OF WHAT COUNTRY? <u>✓</u>	
13. FATHER'S NAME <u>R. BAKER SMITH</u>		14. MOTHER'S MAIDEN NAME <u>MATILTA LAUER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>MALCOLM R LUEBKERT - SON</u>		18. MEDICAL CERTIFICATION	
19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(a) Immediate cause <u>Bronchopneumonia</u>		<u>5 days</u>	
(b) Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		<u>Hypertensive cardio-vascular renal disease</u> <u>5 years</u>	
(c) OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
9a. DATE OF OPERATION <u>0</u>		19b. MAJOR FINDINGS OF OPERATION	
1. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
HOW DID INJURY OCCUR?		(CITY OR TOWN) (COUNTY) (STATE)	
22. I hereby certify that I attended the deceased from <u>May</u> , 19 <u>47</u> , to <u>Oct. 26</u> , 19 <u>51</u> , that I last saw the deceased on <u>Oct. 26</u> , 19 <u>51</u> , and that death occurred at <u>8:30 P.m.</u> , from the causes and on the date stated above.		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
SIGNATURE <u>L. E. Wice M.D.</u>		DATE SIGNED <u>Oct. 26, '51</u>	
3. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF	
NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REGISTRAR <u>OCT 27 1951</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Williams</u>	
24. FUNERAL DIRECTOR <u>Wm. H. Williams</u>		ADDRESS <u>920 St. Paul St. Baltimore Md.</u>	

39091

1310

WILLIAM H. HARRIS

1871

1871

1871



520  
1 9211  
BIRTH NO. 51-25941

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9211

1. NAME OF DECEASED (Type or Print) *BABY GIRL Jones*

2. DATE OF DEATH *10/25/51*

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE *MD.* B. COUNTY *Baltimore*

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) *Mercy Hosp*

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) *BALTO Rural*

7. STREET ADDRESS (If rural, give location) *1324 Dartmouth Road. 5300*

8. DATE OF BIRTH *10/25/51*

9. AGE (in years last birthday) *3* 11 Under 1 Year Months: Days *32* 11 Under 24 Hours Hours Min.

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *none.*

11. BIRTHPLACE (State or foreign country) *md.*

12. CITIZEN OF WHAT COUNTRY? *U.S.*

13. FATHER'S NAME *Earl Jones*

14. MOTHER'S MAIDEN NAME *Mary Christina Connor.*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) *no*

16. SOCIAL SECURITY NO. *none*

17. INFORMANT ADDRESS

18. CAUSE OF DEATH  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
*Consensual Deformity*  
DUE TO (A) .....  
INTERVAL BETWEEN ONSET AND DEATH *birth - 3 32 "*  
ANTECEDENT CAUSES  
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  
(B) .....  
(C) .....  
II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *0*

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *10/25/51*, 19*51*, to *3 32 "*, 19*51*, that I last saw the deceased alive on *10/25*, 19*51*, and that death occurred at *11 48* m., from the causes and on the date stated above.

23A. SIGNATURE *L. Kramer* M. D.

23B. ADDRESS *Sherry Phys.*

23C. DATE SIGNED *10/27/51*

24A. BURIAL, CREMATION, REMOVAL (Specify) *D.*

24B. DATE *10-27-51*

24C. NAME OF CEMETERY OR CREMATORY *CATHEDRAL*

24D. LOCATION (City, town, or county) (State) *CITY*

DATE RECEIVED BY LOCAL REGISTRAR *10/27/51*

REGISTRAR'S SIGNATURE *Wm. Williams*

25. FUNERAL DIRECTOR ADDRESS *Stedfield & Son*  
*Greenmount & 22nd St.*  
*157M*

VS 150



652  
1 9212BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9212

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Barnes, Virginia

2. DATE  
OF  
DEATH

10.26.51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

Md.

B. COUNTY

Balto.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Sparks

5200

D. STREET ADDRESS (If rural, give location)

Qualier Bottom Rd (Rural)

E. Length of stay in Baltimore

8

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

11.16.1928

9. AGE (In years last birthday)

22

10. Under 1 Year

10

11. Under 24 Hours

Days

10A. MAJOR OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Balto.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Mitchell Barnes

14. MOTHER'S MAIDEN NAME

Katie Dorsey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

J. Mitchell Barnes Sparks, Md

18. 463 X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Thrombosis of right leg

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10.18, 1951, to 10.26, 1951, that I last saw the deceased alive on 10.26, 1951, and that death occurred at 10:00 m., from the causes and on the date stated above.

23A. SIGNATURE

G. Gonwondras

M. O.

23B. ADDRESS

Provident Hospital

23C. DATE SIGNED

10.27.51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Oct 30, 1951

24C. NAME OF CEMETERY OR CREMATORY

Stevenson CME.

24D. LOCATION (City, town, or county)

Sparks, Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Paul M. Brooks, Sparks, Md

OCT 27 1951

VS 150

720FA

100 B

no answer to query  
3/11/52

300  
REA- 152608  
51 9213  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9213  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>Bertha Whitt</b>			2. DATE OF DEATH <b>10-28-51</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL <b>Baltimore City Hospitals</b> INSTITUTION <b>4940 Eastern Avenue</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
Length of stay in Baltimore <b>7 years</b>			D. STREET ADDRESS (If rural, give location) <b>1411 Linden Avenue-17</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 9, 1910</b>	9. AGE (in years last birthday) <b>41</b>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			11. BIRTHPLACE (State or foreign country) <b>West Virginia</b>		
13. FATHER'S NAME <b>Noah Lester</b>			14. MOTHER'S MAIDEN NAME <b>America Lester</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) (Yes, no or unknown)			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>Records: B. C. H. 4940 Eastern Avenue</b>			ADDRESS		

18. <b>121X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Uremia</b> (A) DUE TO	INTERVAL BETWEEN ONSET AND DEATH <b>2 months</b>
---	---

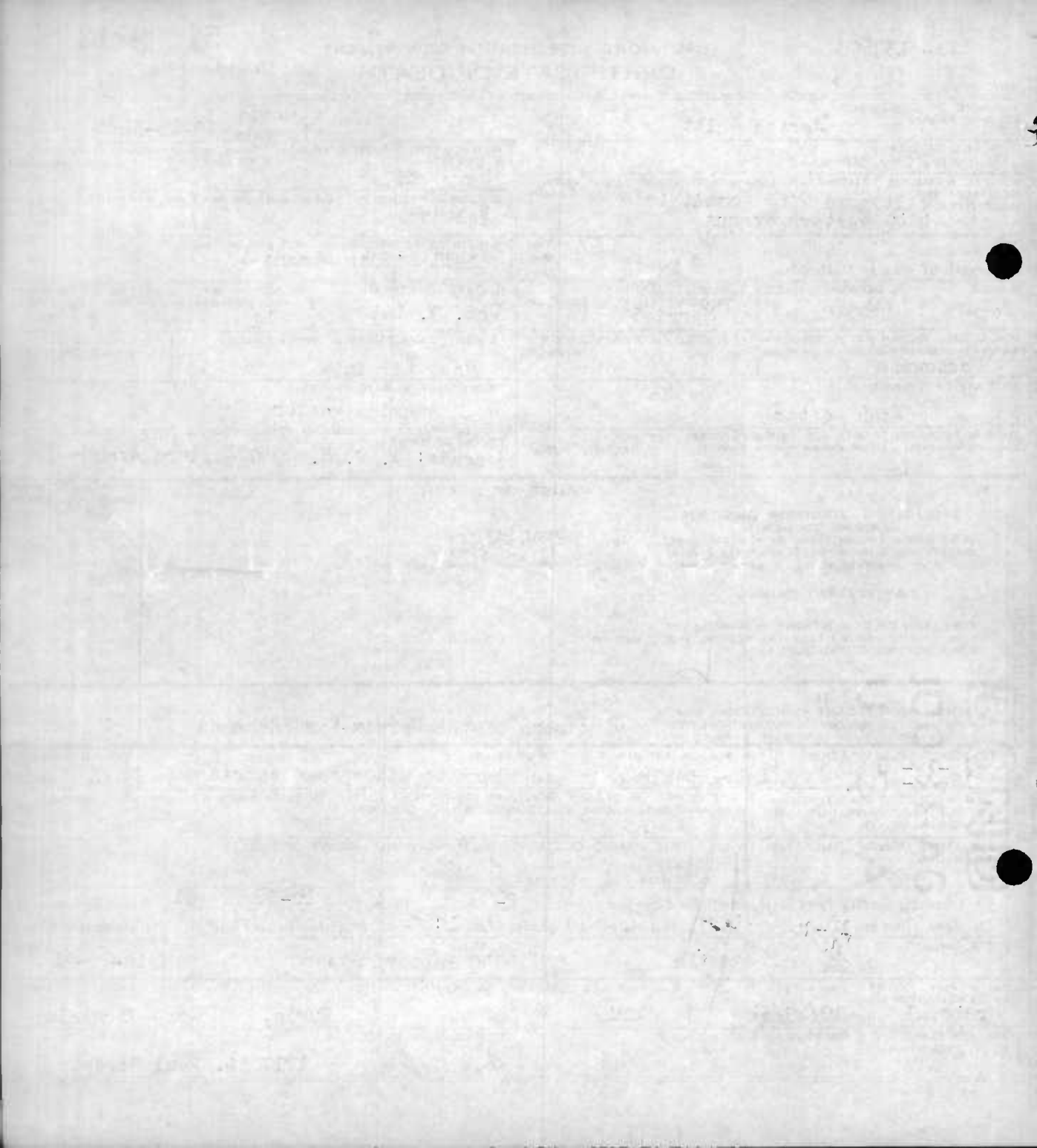
## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.**Carcinoma of the Cervix-Far advanced****1 year**

19A. DATE OF OPERATION <b>12-22-48</b>	19B. MAJOR FINDINGS OF OPERATION <b>Intractable pain secondary to widespread carcinoma</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <b>9-28</b> , 19 <b>51</b> , to <b>10-28</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>10-28</b> , 19 <b>51</b> , and that death occurred at <b>1:20P</b> m., from the causes and on the date stated above.		
23A. SIGNATURE <b>B. Ologen</b>	23B. ADDRESS <b>4940 Eastern Avenue</b>	23C. DATE SIGNED <b>10-29-51</b>

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	24B. DATE <b>10/29/51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Euria</b>	24D. LOCATION (City, town, or county) (State) <b>Euria, West Virginia</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 29 1951</b>	REGISTRAR'S SIGNATURE <b>Wm. Cook, Inc.</b>	25. FUNERAL DIRECTOR ADDRESS <b>1217 St. Paul Street</b>	





640  
51 9214

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9214

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

*George Krol*

2. DATE  
OF  
DEATH

*Oct 26/51*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *1733 Fleet St*

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE

B. COUNTY

*Ind'*

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION  
(If not in hospital or institution, give street address or location)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

*Baltimore 1733 Fleet St*

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)

If Under 1 Year  
Months: Days

If Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

*Joseph Krol 1733 Fleet St.*

18. *450.0*

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

*Malnutrition*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐

NOT WHILE  
AT WORK ☐

22. I hereby certify that I attended the deceased from *25 Oct*, 19*51*, to *26 Oct*, 19*51*, that I last saw the  
deceased alive on *25 Oct*, 19*51*, and that death occurred at *4 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

*Edward M. Baugh* M. D.

*1749 Waverly Way*

*27 Oct. 1951*

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

*Burial*

*Oct. 29/51*

*Sacred Heart of Mary Baltimore*

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*Oct 27 1951*

*William H. Williams, Jr.*

*Fred M. Ozazowski*





260  
51 9215

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9215

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

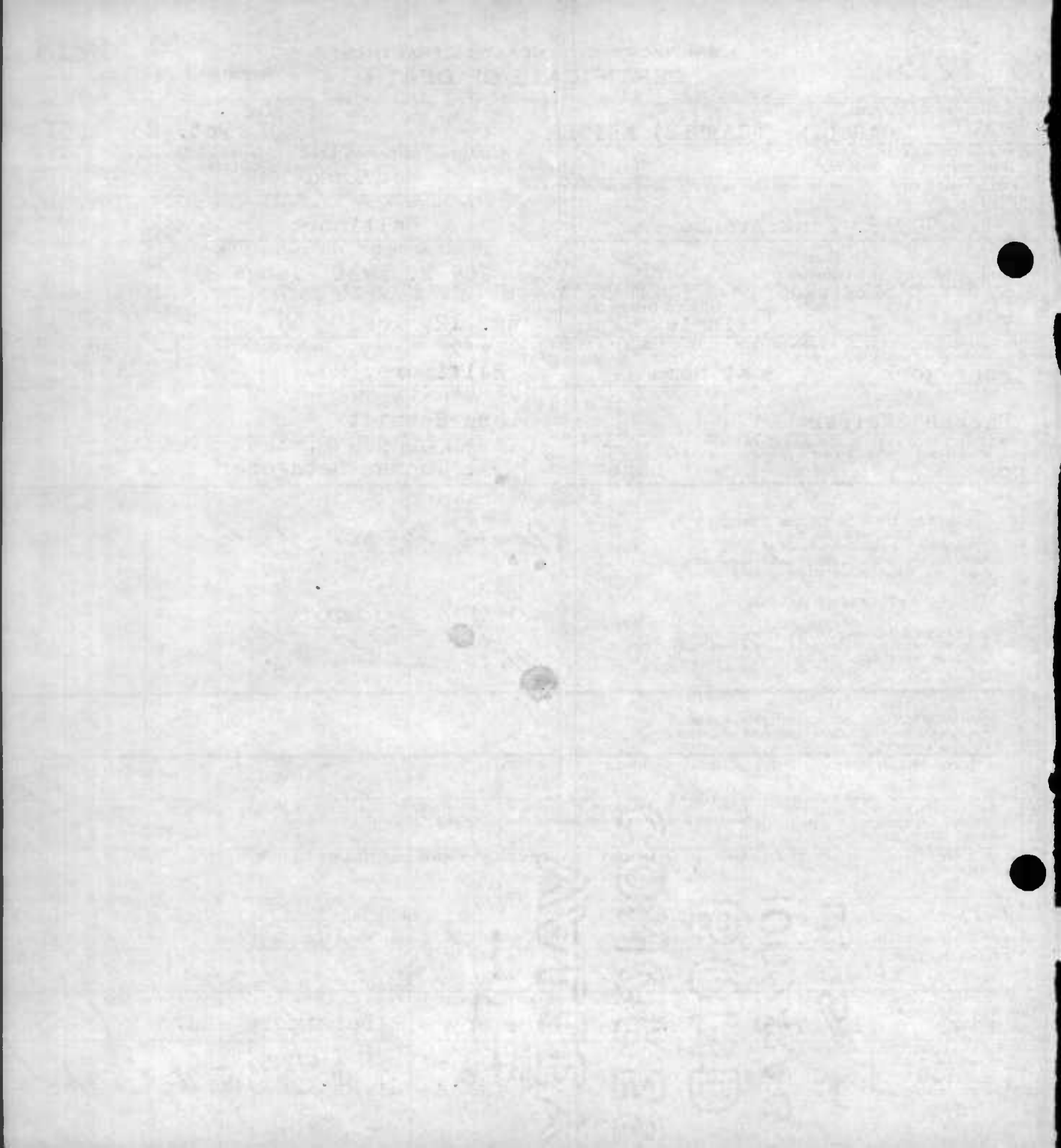
1. NAME OF DECEASED (Type or Print) <b>CAROLINE (CARRIE) KEISER</b>		2. DATE OF DEATH <b>Oct. 25, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>909 S. East Avenue</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>26-11</b>	
D. STREET ADDRESS (If rural, give location) <b>909 S. East Avenue</b>		E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Aug. 12, 1888</b>
9. AGE (In years last birthday) <b>63</b>		10. UNDER 1 Year Months: _____ Days: _____	11. UNDER 24 Hours Hours: _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>at home</b>	
11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Michael Keiser</b>		14. MOTHER'S MAIDEN NAME <b>Lena Schmidt</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT <b>909 S. East Avenue</b>		18. ADDRESS <b>Mrs. Thomas Rathgeber</b>	

MEDICAL CERTIFICATION

18. <b>447X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Acute myocarditis</b> (A) _____ DUE TO _____ ANTECEDENT CAUSES (B) _____ DUE TO _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Hypertension arteriosclerosis</b> (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
---	--	----------------------------------

19A. DATE OF OPERATION <b>10/25/51</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <b>10/25</b> , 19 <b>51</b> , and that death occurred at <b>2 4</b> m., from the causes and on the date stated above.				
23A. SIGNATURE <b>Joseph Joubert</b>		23B. ADDRESS <b>441 S. Ellwood Ave</b>		23C. DATE SIGNED <b>10/25/51</b>

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24B. DATE <b>10/27/51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Oak Lawn Cemetery</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 27 1951</b>		REGISTRAR'S SIGNATURE <b>William Williams</b>	
25. FUNERAL DIRECTOR <b>HENRY SANDER &amp; SONS, INC.</b>		ADDRESS <b>BALTO., 13, MD</b>	



625

51 9216

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9216

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Frederick G. Bruckner

2. DATE  
OF  
DEATH

Oct. 26-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 14 N. Rosedale St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1637 Jackson St

C. Length of stay in Baltimore

70 →

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Apr. 22-1858

9. AGE (In years last birthday)

93

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work throughout most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

Restaurant

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Elizabeth Bruckner 1637 Jackson St

18. 4 yr.

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic Myocardial Degeneration

2 yr.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerosis

3 yr.

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 6-1, 1951, to 10-26, 1951, that I last saw the deceased alive on 10-26, 1951, and that death occurred at 8:20 P.m., from the causes and on the date stated above.

23A. SIGNATURE

A. J. Fallo

M. D.

23B. ADDRESS

707 Fort Ave.

23C. DATE SIGNED

10-26-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 29-1951

24C. NAME OF CEMETERY OR CREMATORY

Bedau Hill

24D. LOCATION (City, town, or county)

Brooklyn Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

OCT 27 1951

REGISTRAR'S SIGNATURE

John Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Geo. R. Beyer Jr 1512 Hollins St

Balt. 23 Md 937

Dr. J. J. J. J.  
707 E. Fort Ave

620  
51 9217

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9217

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Joseph A. Berkow</i>		2. DATE OF DEATH <i>Oct. 26, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) A. STATE <i>Md</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>13-04</i>			
C. Length of stay in Baltimore <i>LIFE</i>		D. STREET ADDRESS (If rural, give location) <i>3440 Auchenforay Ter.</i>			
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>2-24-18</i>	9. AGE (In years, last birthday) <i>33</i>	10. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>attorney</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Law</i>		11. BIRTHPLACE (State or foreign country) <i>Md</i>	
13. FATHER'S NAME <i>Michael Berkow</i>		14. MOTHER'S MAIDEN NAME <i>Ida Adler</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	

18. <i>156.2</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <i>undifferentiated carcinoma 6 yrs</i> DUE TO	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) <i>Metastatic squamous carcinoma of the liver, peri-pancreatic, and peri-tracheal lymph nodes. Hepato-spleno-megaly</i> DUE TO	
(C)		

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>✓</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *10/22* 19*51*, to *10/26* 19*51*, that I last saw the deceased alive on *10/26* 19*51*, and that death occurred at *8:55* m., from the causes and on the date stated above.

23A. SIGNATURE <i>Anne B. McKenrick</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED
--	---	------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>10/28/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Bothell Cong. Cem.</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore Maryland</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 27 1951</i>	REGISTRAR'S SIGNATURE <i>Wm. Williams</i>	25. FUNERAL DIRECTOR <i>John J. Broer</i>	ADDRESS <i>1124 26th North Ave.</i>



Final provisional anatomical diagnosis No. 23299 (partial)

See Document File 51-51-9217

11/20/51

Some additional information  
death - no records  
specimens are obtained  
of the interesting findings, please



452

9218

## BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

51 9218

Registered No.

BIRTH NO. 51-25315

1. NAME OF DECEASED  
(Type or Print)

Baby Girl Pleines

2. DATE  
OF  
DEATH

Oct. 26, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3819 Elkader Road

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Oct. 26, 1951

9. AGE (In years  
last birthday)10 Under 1 Year  
Months Days11 Under 24 Hours  
Hours Min.

40

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Walter Winfield Pleines

14. MOTHER'S MAIDEN NAME

Helen Elizabeth O'Connor

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. 759.0

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Diaphragmatic hernia, left, with ex-  
tensive displacement of abdominal  
organs into left pleural cavity.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Hypoplasia, left lung

(C) Atelectasis, right lung

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 10/26/1951 to 10/26/1951, that I last saw the  
deceased alive on 10/26/1951 and that death occurred at 2:00 AM., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1400 N. Caroline Street

10/26/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 27 1951

W. J. Williams, Jr.

L. J. Ruck

5305 Harford Rd

1930  
10000  
10000

10000

10000

10000

10000

10000

10000

10000

10000

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 9219  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>IRVING BURLY</b>		2. DATE OF DEATH <b>Oct. 23, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Anne Arundel</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>University Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Severn</b>	
D. STREET ADDRESS (if rural, give location) <b>Fort Meade Rd</b>		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Separated</b>	8. DATE OF BIRTH <b>March 18, 1897</b>
9. AGE (In years last birthday) <b>54</b>		10. UNDER 1 Year Months: Days Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>Severn, Md.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Fernando Burley</b>		14. MOTHER'S MAIDEN NAME <b>Henrietta Nickerson</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Lawrence Burley</b>		ADDRESS <b>Severn, Md.</b>	

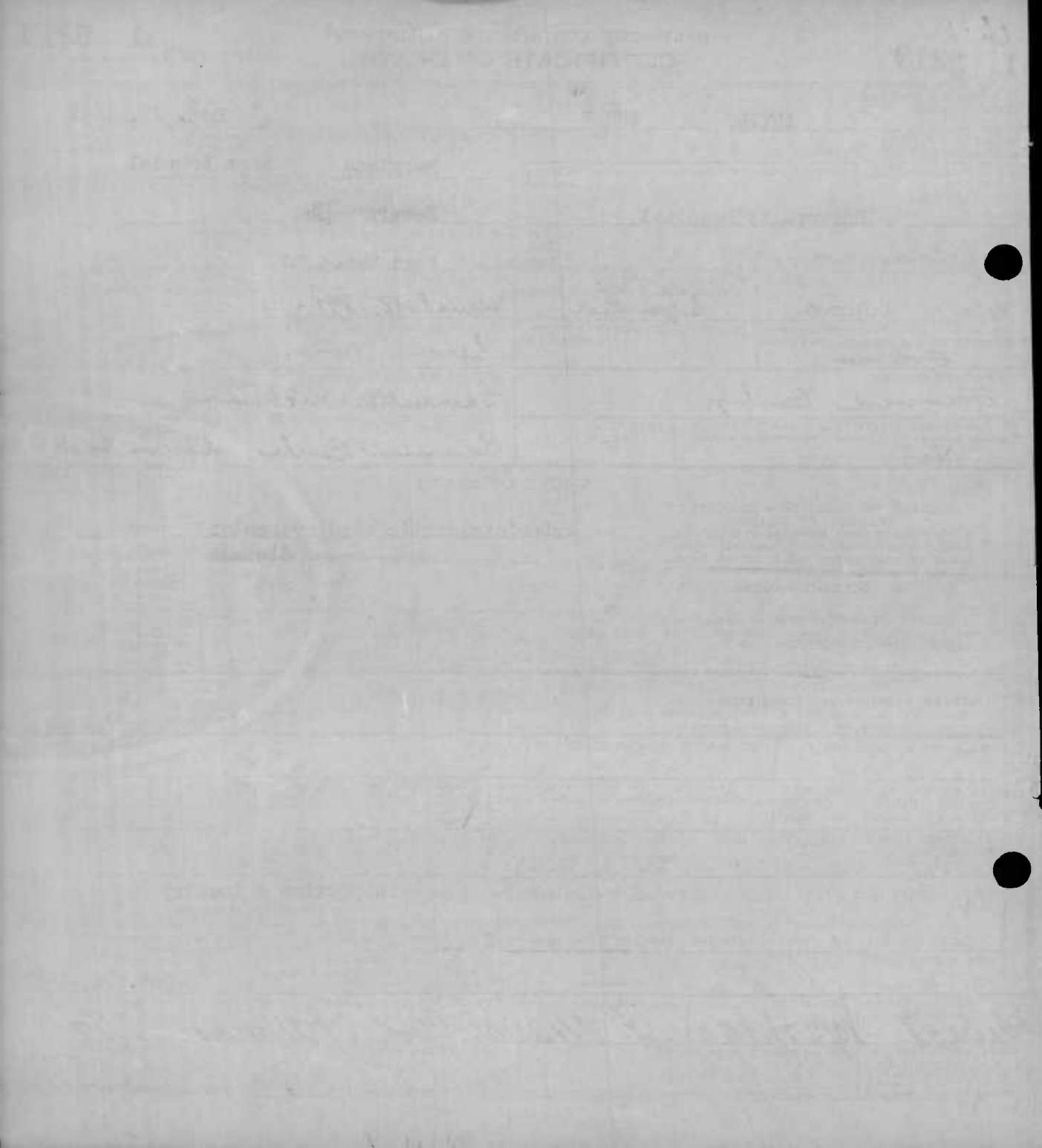
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Arteriosclerotic cardiovascular disease</b> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
---	--	----------------------------------

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE <b>Stanley K. Dureacher</b> M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>		23C. DATE SIGNED <b>Oct. 24, 1951</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>10/27/1950</b>	24C. NAME OF CEMETERY OR CREMATORY <b>St. Marks Cem</b>	24D. LOCATION (City, town, or county) (State) <b>Harmans Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 27 1951</b>	REGISTRAR'S SIGNATURE <b>Wm. Williams</b>	25. FUNERAL DIRECTOR <b>Mrs. Katie R. Williams</b>		ADDRESS <b>Schroeder St 322 N</b>

V S 151  
10010  
937 ✓



435  
9220BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9220

Registered No.

BIRTH NO. 6-46711

1. NAME OF DECEASED  
(Type or Print)

David M. Milton

2. DATE  
OF  
DEATH

Oct 26, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

H L H 3 E

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-38

D. STREET ADDRESS (If rural, give location)

5812 Leith Walk

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

5-5-46

9. AGE (in years  
last birthday)

5

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Arthur E. Milton

14. MOTHER'S MAIDEN NAME

Sara L. Pippin

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.  
none

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

JOHNS HOPKINS HOSPITAL  
chronic hepatitis

6 mos

ANTECEDENT CAUSES

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

nephrosis - lipid

18 mos

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 10/24, 1951, to 10/26, 1951, that I last saw the  
deceased alive on 10/26, 1951, and that death occurred at 6:05 PM, from the causes and on the date stated above.

23A. SIGNATURE

Robert E. Appleby

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

Oct 26, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Cremation

24B. DATE

10/29/51

24C. NAME OF CEMETERY OR CREMATORY

Green Mount Crematory

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Dickener &amp; Sons

1213 Balto., Md.

Mr. Chubbuck

222  
9221

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9221

Registered No. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>FRANK J. MACHACEK</b>		2. DATE OF DEATH <b>10-24-1951</b>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) a. STATE <b>MARYLAND</b> b. COUNTY <b>7-03</b>	
b. FULL NAME OF HOSPITAL OR INSTITUTION <b>2316 ASHLAND AVE.</b> <b>60</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE</b>	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		d. STREET ADDRESS (If rural, give location) <b>2316 ASHLAND AVE</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>5-17-1867</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>TAILOR</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>MENS CLOTHING</b>	9. AGE (In years last birthday) <b>84</b>
13. FATHER'S NAME <b>EMANUEL MACHACEK</b>		11. BIRTHPLACE (State or foreign country) <b>BOHEMIA</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A</b>	
16. SOCIAL SECURITY NO. <b>220-09-6413</b>		14. MOTHER'S MAIDEN NAME <b>MARY WOLF</b>	
17. INFORMANT <b>BARBARA MACHACEK ASHLAND</b>		ADDRESS <b>2316</b>	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>151X</b> <b>Hypostatic Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10/22/51</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Coronary of Stomach</b> <b>Generalized Arterio Sclerosis</b>		<b>1/15/51</b> <b>1944</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

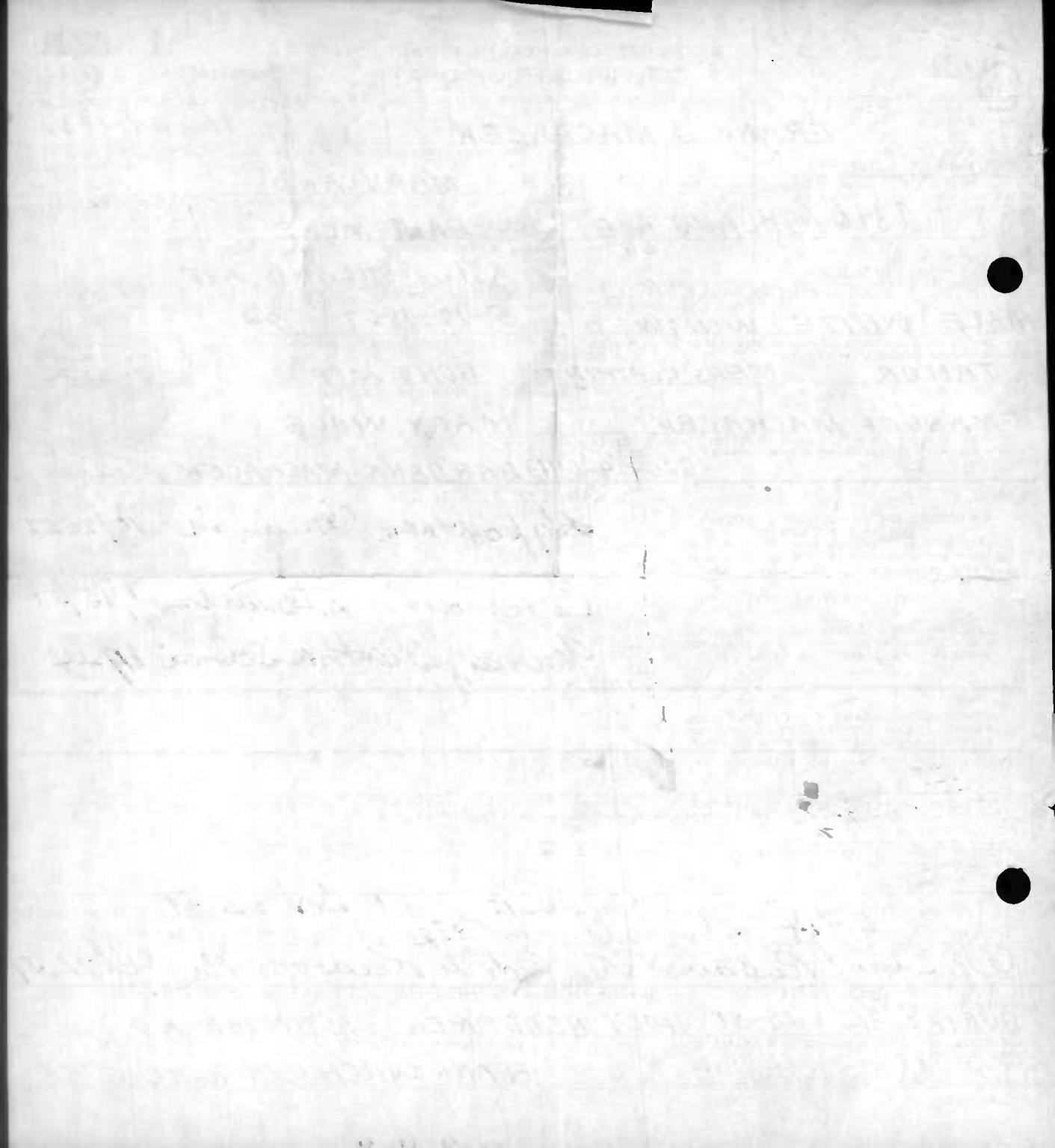
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Jan 15** 19**51**, to **Oct 24** 19**51**, that I last saw the deceased alive on **Oct 24** 19**51**, and that death occurred at **7:30** p.m., from the causes and on the date stated above.

23A. SIGNATURE <b>William F. Rydner</b>		23B. ADDRESS <b>801 E. Newwood St.</b>		23C. DATE SIGNED <b>Oct 26 51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>10-29-51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>HOLY REDEEMER</b>	
24D. LOCATION (City, town, or county) (State) <b>BALTIMORE MD</b>					

DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 27 1951</b>		REGISTRAR'S SIGNATURE <b>William F. Rydner</b>		25. FUNERAL DIRECTOR <b>FRANK CVACH &amp; SON - GONCHESTER</b>	
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Anne O'D. Russell

## BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No.

51 9222

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Anne Russell

2. DATE  
OF  
DEATH

10/24/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Macy Hosp

C. Length of stay in Baltimore

life

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

17 Sept. 1907

9. AGE (In years  
last birthday)

44

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

13. FATHER'S NAME

John C. Russell

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

14. MOTHER'S MAIDEN NAME

Mary E. O'Donovan

17. INFORMANT

ADDRESS

## CAUSE OF DEATH

18. 195X  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Surgical + Hematogenous shock

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Craniotomy operation

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

24 Oct 51

19B. MAJOR FINDINGS OF OPERATION

Pituitary tumor

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2:00 p.m., 1951, to 24 Oct, 1951, that I last saw the  
deceased alive on 24 Oct, 1951, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

L. L. Linnman

M. D.

23B. ADDRESS

Macy Hosp

23C. DATE SIGNED

10/24/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/29/51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

OCT 27 1951

REGISTRAR'S SIGNATURE

Washington Williams, Jr.

25. FUNERAL DIRECTOR

W. W. Meeks

ADDRESS

1605 N. Calvert St.

CO  
75

Wm. S. O'Brien  
The following is a list of the  
names of the persons who have  
been appointed to the various  
committees of the Board of  
Education for the year 1900-1901.

262  
51 9223

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9223

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>BESSIE LAZARUS</b>			2. DATE OF DEATH <b>Oct 25, 1951</b>		
3. PLACE OF DEATH: a. Baltimore City, Maryland <b>Balti City</b>			4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <b>MD</b> b. COUNTY <b>15-04</b>		
b. FULL NAME OF HOSPITAL OR INSTITUTION <b>00 3007 Whittier ave</b>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Balti</b>		
c. Length of stay in Baltimore <b>64 year</b>			d. STREET ADDRESS (If rural, give location) <b>Whittier 2007 Whittier ave</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>July 17, 1887</b>		9. AGE (in years last birthday) <b>64</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Work</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Balti MD</b>
13. FATHER'S NAME <b>Harry Lazarus</b>			14. MOTHER'S MAIDEN NAME <b>Ida Goldstein</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>Nathanial Lazarus</b>			ADDRESS <b>Whittier ave 2007</b>		

18. <b>422.1</b>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <b>Myocardial insufficiency</b>		<b>1 week</b>	
ANTECEDENT CAUSES		(B) <b>Arteriosclerosis</b>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.					

19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **1945** to **Oct. 25, 1951**, that I last saw the deceased alive on **Oct. 23, 1951**, and that death occurred at **6 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>S. L. Levy</b>		23b. ADDRESS <b>2322 Eutaw Place</b>		23c. DATE SIGNED <b>10-26-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>		24b. DATE <b>Oct 28, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Balti Hebrew Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Balti MD</b>		24e. FUNERAL DIRECTOR <b>Paul R. Martin</b>		24f. ADDRESS <b>1902 Eutaw</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 27 1951</b>		REGISTRAR'S SIGNATURE <b>Wm. Williams</b>			

MEDICAL CERTIFICATION

109211 921

3530 Hilton/P01

800  
31 9224

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9224  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>RAYMOND LEE</b>		2. DATE OF DEATH <b>Oct. 24, 1951</b>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <b>Maryland</b> b. COUNTY <b>Baltimore</b>	
b. FULL NAME OF HOSPITAL OR INSTITUTION <b>Provident Hospital</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
c. Length of stay in Baltimore Yrs. <b>0</b> Mos. <b>0</b> Days <b>0</b>		d. STREET ADDRESS (If rural, give location) <b>615 N. Paca Street</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>2-8-1929</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Porter in Drug Store</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>22</b>
13. FATHER'S NAME <b>Thomas Lee Sr</b>		11. BIRTHPLACE (State or foreign country) <b>Baltimore Maryland U.S.A</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <b>Lena Davis</b>	
17. INFORMANT <b>Thomas Lee Jr 225 Berlin Ave</b>		ADDRESS	

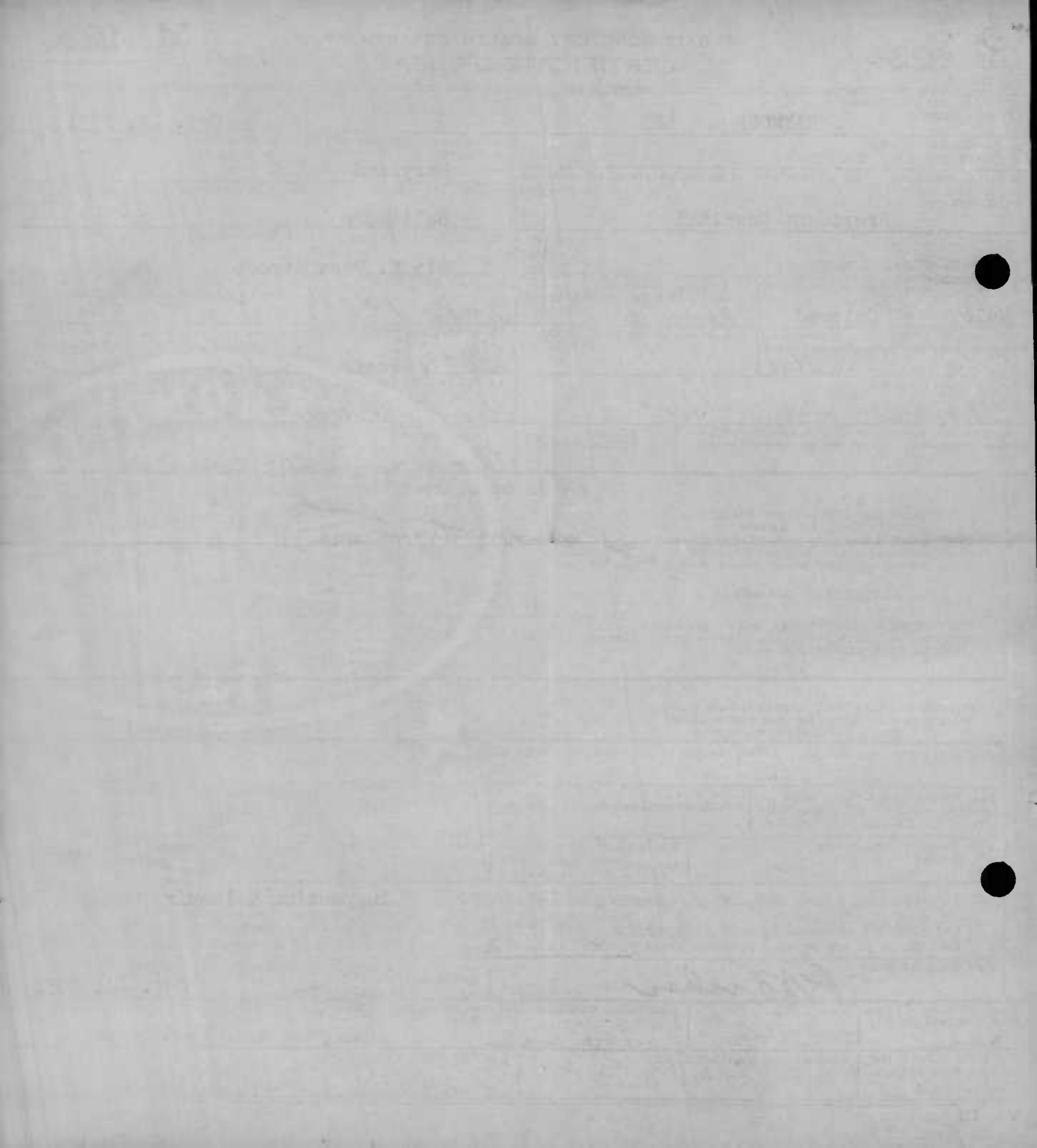
18. <b>DOX</b> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>(A) Pulmonary tuberculosis</b> DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>(B)</b> DUE TO		
<b>(C)</b> DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE **R. Fisher** M.D. 23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐ 23C. DATE SIGNED **Oct. 24, 1951**

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>10-29-1951</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mount Zion Cemetery</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore City Maryland</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 27 1951</b>		REGISTRAR'S SIGNATURE <b>Joseph A. Livly</b>	25. FUNERAL DIRECTOR <b>661 West Baltimore Street</b>





300  
51 9225BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9225  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>Julia White Julia Elizabeth White</b>		2. DATE OF DEATH <b>Oct. 25, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Baltimore</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY <b>Baltimore</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lutheran Hosp.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
C. Length of stay in Baltimore <b>58</b> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>5306 Chandler Ave</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>widow Divorced</b>	8. DATE OF BIRTH <b>May 14, 1893</b>
9. AGE (In years last birthday) <b>58 yrs</b>		If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	
11. BIRTHPLACE (State or foreign country) <b>Solomons Island, Md.</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>John White</b>		14. MOTHER'S MAIDEN NAME <b>Margaret</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Mr. Howard C. White, 4018 Fairfax Road</b>		ADDRESS	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>D.O.A. poss. UREMIA</b> DUE TO ANTECEDENT CAUSES <b>Cachexia</b> DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>II</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>CERTIFICATION APPROVED BY</b> <b>H. D.</b> <b>CHIEF OR ASST. MEDICAL EXAMINER.</b>			
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Oct. 25</b> , 1951, to <b>Oct. 25</b> , 1951, that I last saw the deceased alive on <b>Oct. 25</b> , 1951, and that death occurred at <b>7 p.m.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>Indira J. Teplitz</b>		23B. ADDRESS <b>Lutheran Hosp.</b>	
23C. DATE SIGNED <b>10-26-51</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Oct. 29, 1951</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Woodlawn Cemetery</b>		24D. LOCATION (City, town, or county) (State) <b>Woodlawn, Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 27 1951</b>		REGISTRAR'S SIGNATURE <b>William Williams</b>	
25. FUNERAL DIRECTOR <b>William Williams</b>		ADDRESS <b>4510 Liberty Heights Ave.</b>	



520  
1 9226BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9226

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Joseph King

2. DATE  
OF  
DEATH

Oct. 21, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

University Hospital

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore 8 Yrs.

5. 6. COLOR OR RACE

Male Col.

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Single

8. DATE OF BIRTH

Sept. 19, 1919

9. AGE (In years  
last birthday)

32

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR  
INDUSTRY

In General

11. BIRTHPLACE (State or foreign country)

New York N.Y.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

216.24.7950

17. INFORMANT

ADDRESS

John William Nash 1618 Monument St

18. 260X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Diabetes Mellitus

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Diabetic Coma

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Smith

23B. CHIEF MEDICAL EXAMINER.....☐ASSISTANT MEDICAL EXAMINER.....☐MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Oct 21, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

10/27/51

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

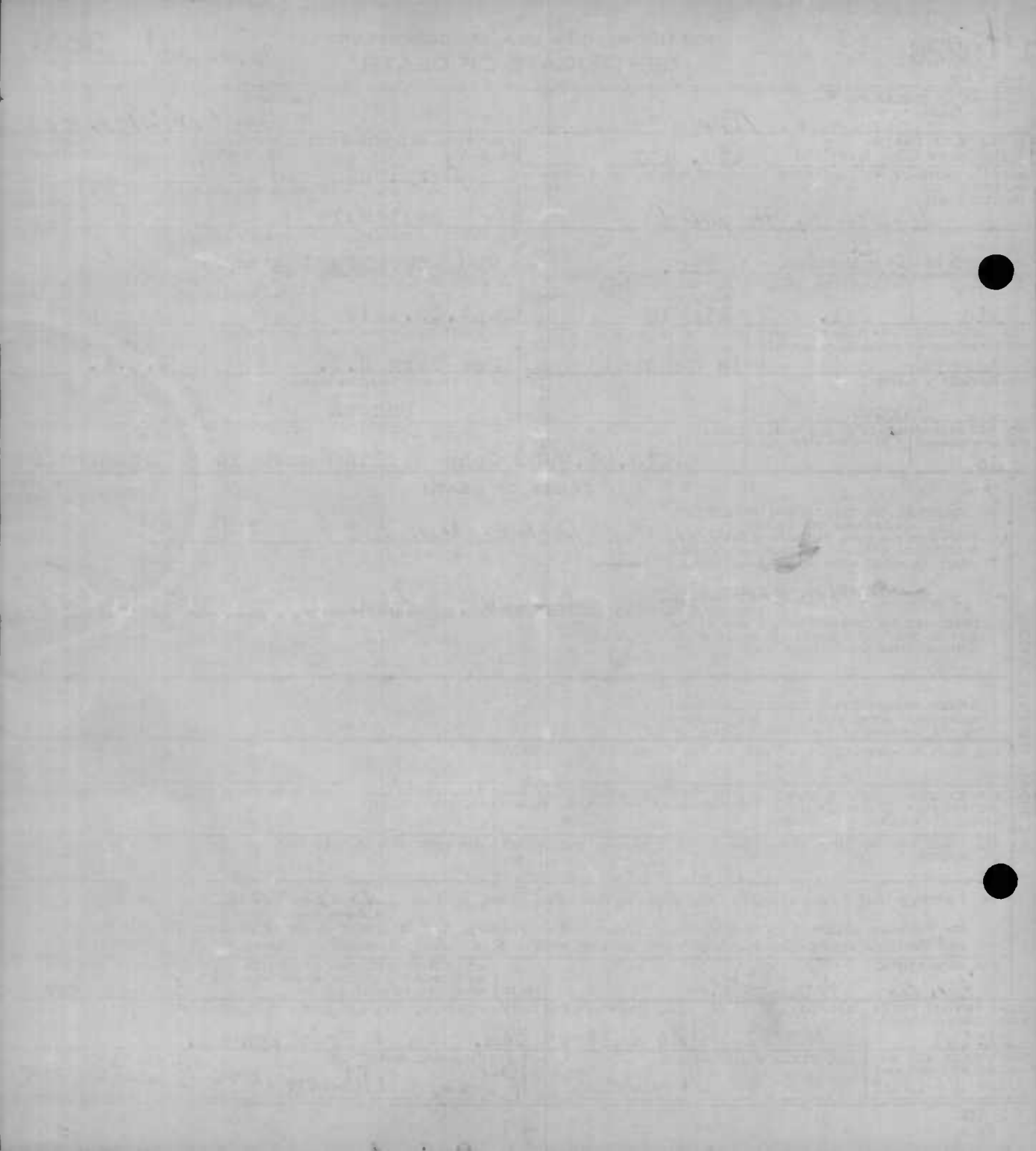
REGISTRAR'S SIGNATURE

William V. Smith

25. FUNERAL DIRECTOR

ADDRESS

Elwyno. Wilson 1000 Brantley Ave



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 9227  
Registered No.

452  
51 9227  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>JOHN WILLIAMS</b>		2. DATE OF DEATH <b>October 24, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Balto. City</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Baltimore City Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Dundalk</b>	
D. STREET ADDRESS (If rural, give location) <b>513 Durway</b>		5. LENGTH OF STAY IN BALTIMORE <b>25 Yrs.</b>	
6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Sept. 19, 1882</b>	9. AGE (In years last birthday) <b>69</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	10B. KIND OF BUSINESS OR INDUSTRY <b>In General</b>	11. BIRTHPLACE (State or foreign country) <b>Halifax Co. N.C.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>Unkown</b>	
14. MOTHER'S MAIDEN NAME <b>Unkown</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <b>Theresa Wormley 513 Burway</b>	

18. <b>E919.8</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Gunshot wound of right leg with</b> <b>exsanguination due to laceration of femoral artery</b>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>Oct. 24, 1951</b>	19B. MAJOR FINDINGS OF OPERATION <b>Dump</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Dump</b>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>Behind Durway's Dump, Dundalk</b>
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>Oct. 24, 1951 12:30 P.m.</b>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <b>Firearms</b>

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William Williams</i>	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED <b>Oct. 25, 1951</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>10/27/1951</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mt Calvary Cem.</b>
24D. LOCATION (City, town, or county) <b>Brooklyn Md.</b>		25. FUNERAL DIRECTOR <b>Chas. O. Wilson 1100 Beantley</b>

DATE RECEIVED BY LOCAL REGISTRAR  
**OCT 27 1951**

REGISTRAR'S SIGNATURE  
*William Williams*

MEDICAL CERTIFICATION

MEMORANDUM FOR THE RECORD

TO : THE SECRETARY OF THE ARMY

FROM : THE CHIEF OF STAFF

SUBJECT: [Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

622  
51 9228

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

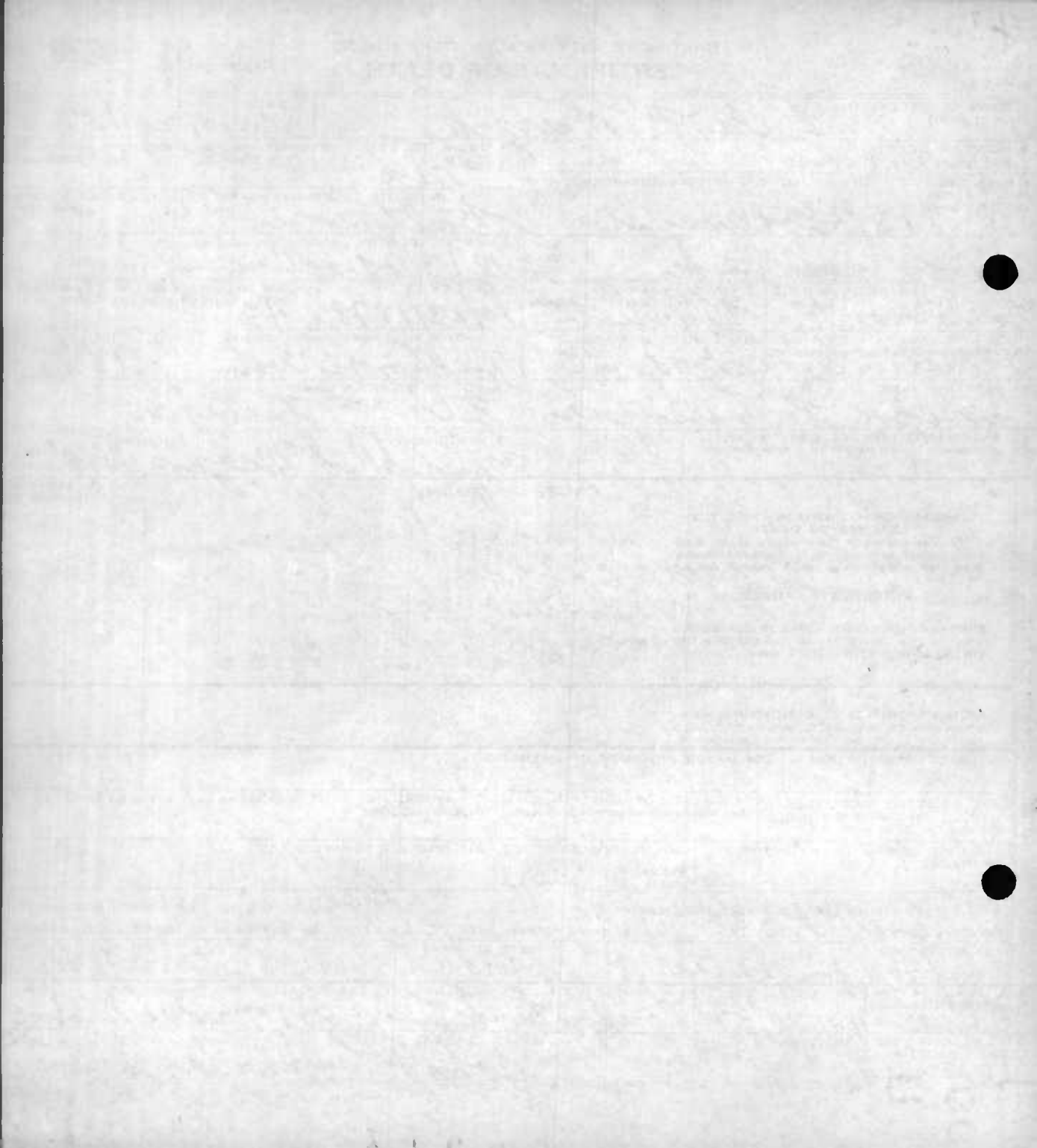
Registered No. 51 9228

1. NAME OF DECEASED (Type or Print) <b>Ella P. Marzak</b>			2. DATE OF DEATH <b>10/26/51</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>md.</b> B. COUNTY		
5. FULL NAME OF (If not in hospital or institution, give street address or location) <b>813 Hollins St.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 18-03</b>		
6. Length of stay in Baltimore <b>Life</b>			D. STREET ADDRESS (If rural, give location) <b>813 Hollins St.</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>10/13/1878</b>		9. AGE (In years last birthday) <b>73</b>
10A. USUAL OCCUPATION (Give kind of work, considering most of working life even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>at home</b>	11. BIRTHPLACE (State or foreign country) <b>Baltimore Md.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>Joseph T. Tutajar</b>			14. MOTHER'S MAIDEN NAME <b>Ellen P. Tutajar</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>-</b>		16. SOCIAL SECURITY NO. <b>-</b>	17. INFORMANT ADDRESS <b>Mr. Joseph S. Marzak, 813 Hollins St.</b>		

18. <b>560X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary Thrombosis</b>		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH <b>th.</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Arterio-Sclerosis</b>		DUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Diabetes Mellitus</b>		DUE TO	

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>1948</b> , to <b>Oct. 26</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>Oct. 18</b> , 19 <b>51</b> , and that death occurred at <b>8:30</b> Am., from the causes and on the date stated above.					
23A. SIGNATURE <b>Theresa M. Leland</b>		23B. ADDRESS <b>Md. City of Bery</b>		23C. DATE SIGNED <b>10/27/51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>10/30/51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Landon Park Cem.</b>	24D. LOCATION (City, town, or county) (State) <b>3801 Frederick Ave Baltimore</b>		
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 27 1951</b>		REGISTRAR'S SIGNATURE <b>John J. Gowan</b>		25. FUNERAL DIRECTOR'S ADDRESS <b>John J. Gowan 813 Hollins St.</b>	





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 9229  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

CHARLES

WILLIAMS

2. DATE  
OF  
DEATH

October 25, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

642 Wyeth Street

Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

12/25/1896

9. AGE (In years last birthday)

54

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Electric Welder

10B. KIND OF BUSINESS OR INDUSTRY

B + O RR

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Charles Williams

14. MOTHER'S MAIDEN NAME

Mary Brogan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs Mary E. Williams 642 St. Wyeth

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Fatty liver

ANTECEDENT CAUSES

Lobar pneumonia

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....

23C. DATE SIGNED

M.D.

ASSISTANT MEDICAL EXAMINER.....

Oct. 25, 1951

MEDICAL INVESTIGATOR.....

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10/29/51

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cem

24D. LOCATION (City, town, or county)

E. North Ave

(State)

DATE RECEIVED BY LOCAL REGISTRAR

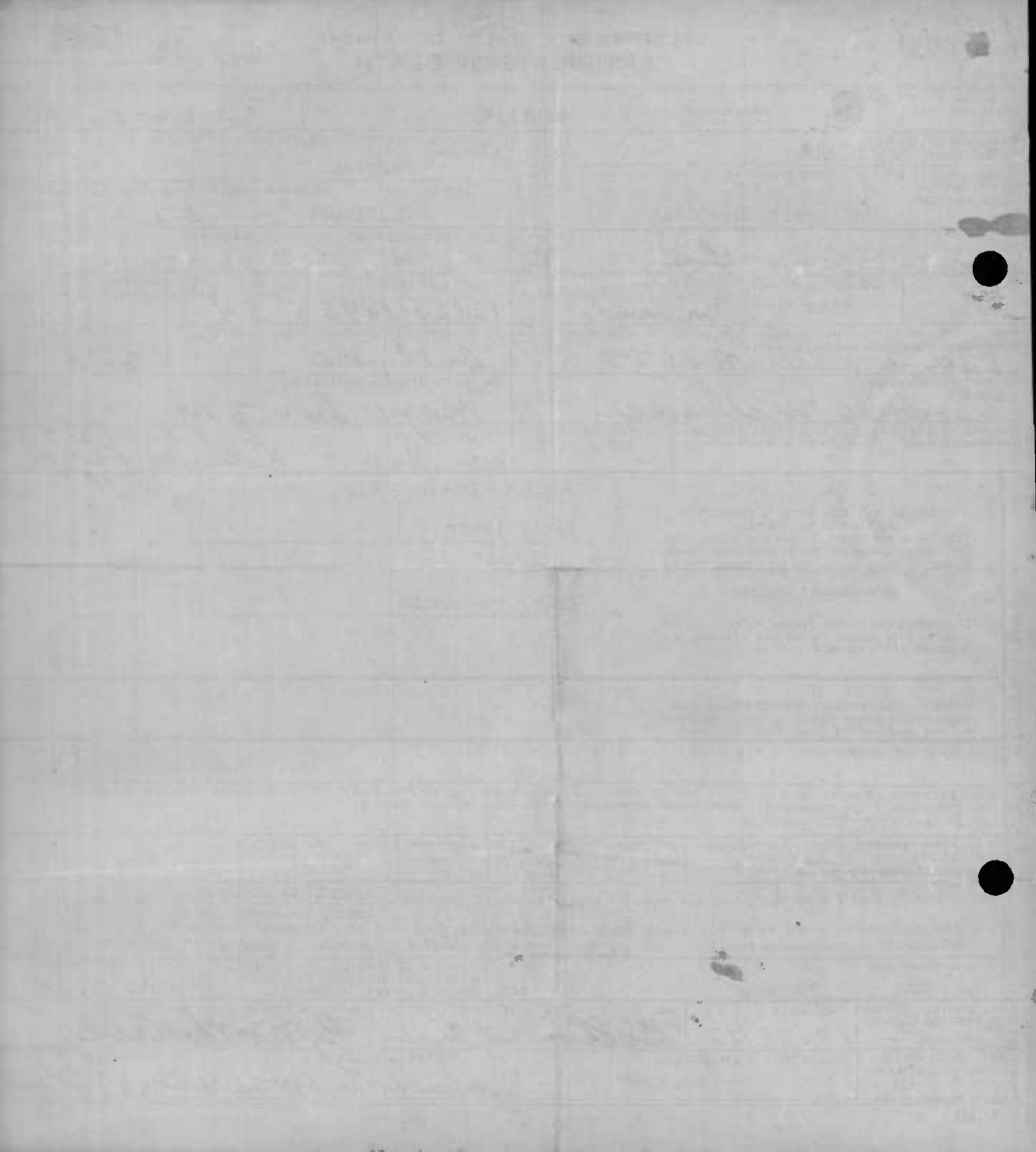
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

OCT 27 1951

John J. Brown

John J. Brown



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 9230  
Registered No. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>HERMAN F. KRUSE</b>		2. DATE OF DEATH <b>October 25, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Franklin Square Hospital</b>		C. CITY OR TOWN <b>Baltimore</b> (If outside corporate limits, write RURAL and give township <b>18-03</b> )	
C. Length of stay in Baltimore <b>Life</b>		D. STREET ADDRESS (If rural, give location) <b>108 S. Poppleton Street</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>12/20/1900</b>
		9. AGE (In years last birthday) <b>50</b>	10. Under 1 Year Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Planner</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Boys' Life</b>	11. BIRTHPLACE (State or foreign country) <b>Baltimore Md</b>
13. FATHER'S NAME <b>Herman F. Kruse</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>-</b>		16. SOCIAL SECURITY NO. <b>-</b>	
		17. INFORMANT <b>Mr Frank N. Kruse</b> ADDRESS <b>108 S. Poppleton St</b>	

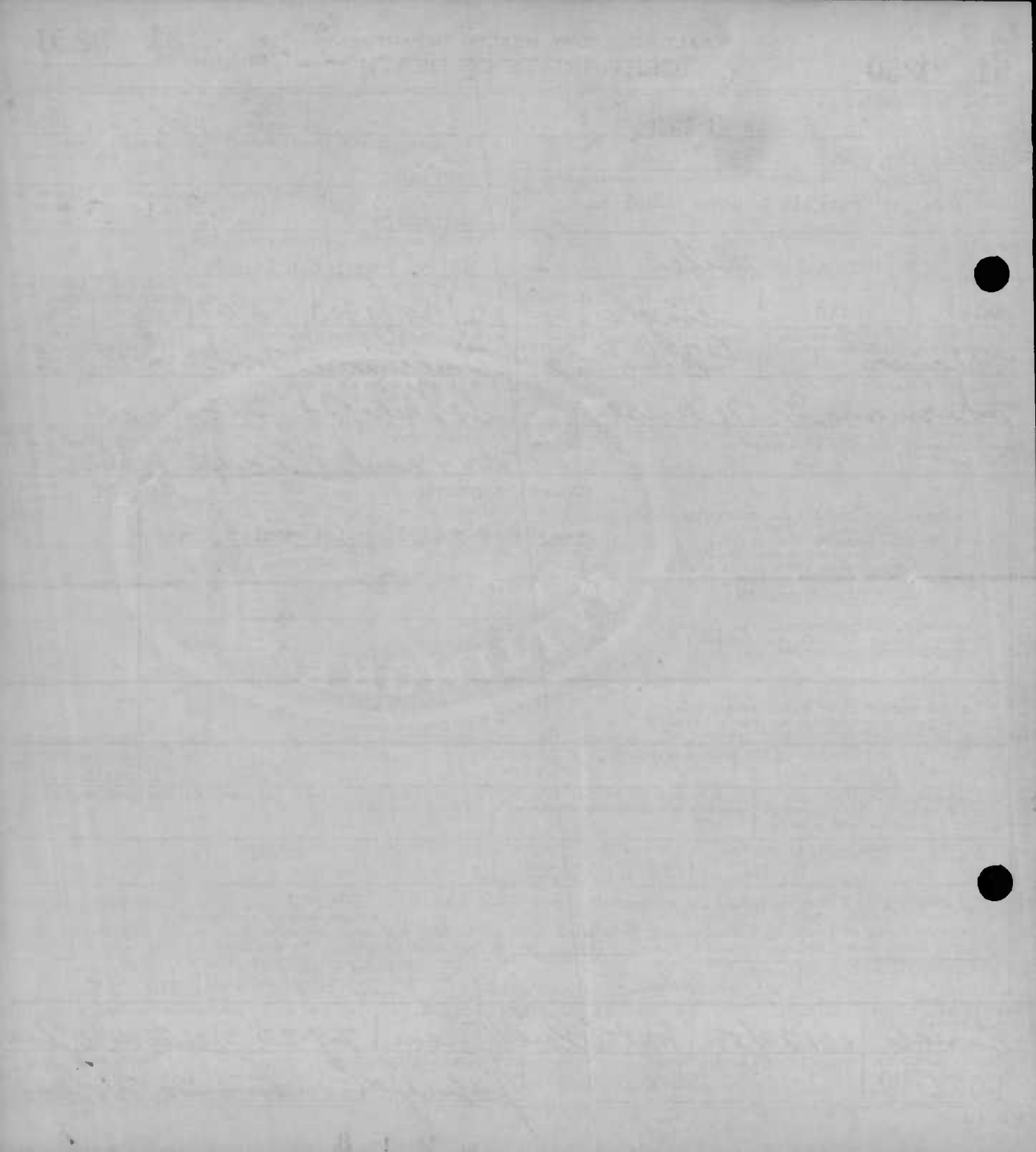
18. <b>4221</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) <b>Arteriosclerotic Cardiovascular Disease</b>	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) _____	
		(C) _____	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <b>OSB</b>	23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED <b>10/26/51</b>
---------------------------	--	----------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>10/30/51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mt Olivet Cem.</b>	24D. LOCATION (City, town, or county) (State) <b>2930 Frederick Ave Baltimore Md</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 27 1951</b>	REGISTRAR'S SIGNATURE <b>William H. Williams</b>	25. FUNERAL DIRECTOR <b>John J. Cowan &amp; Son</b> ADDRESS <b>Hollins</b>	



630

REA-147346

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

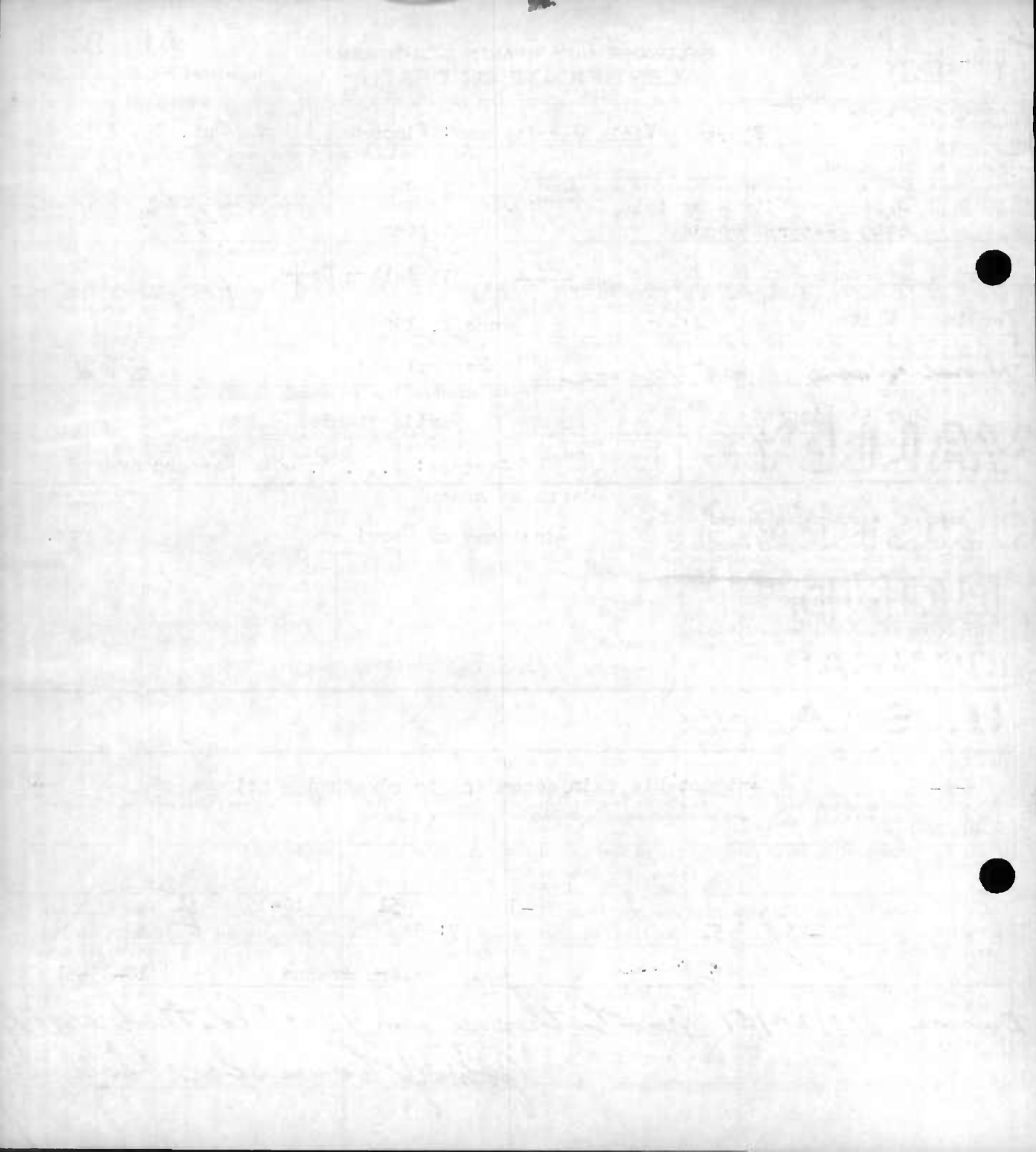
51 9231

Registered No.

1. NAME OF DECEASED (Type or Print) <b>Florence Viola Garrity nee: Vincent</b>			2. DATE OF DEATH <b>Oct. 25, 1951</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Baltimore City Hospitals</b> <b>4940 Eastern Avenue</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
C. Length of stay in Baltimore <b>9</b>			D. STREET ADDRESS (If rural, give location) <b>211 Ballou Court</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>June 2, 1905</b>	9. AGE (In years last birthday) <b>46</b>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House work</b>			11. BIRTHPLACE (State or foreign country) <b>Pennsylvania</b>		
10B. KIND OF BUSINESS OR INDUSTRY <b>at home</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13. FATHER'S NAME <b>Charles Vincent</b>			14. MOTHER'S MAIDEN NAME <b>Carlie Steele</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>-</b>		16. SOCIAL SECURITY NO. <b>-</b>	17. INFORMANT ADDRESS <b>Records: B. C. H. 4940 Eastern Avenue</b>		
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Carcinoma of Cervix</b> (A) DUE TO ANTECEDENT CAUSES (B) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs.</b>
19A. DATE OF OPERATION <b>4-6-51</b>		19B. MAJOR FINDINGS OF OPERATION <b>Intractable pain secondary to advanced Carcinoma of Cervix</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>4-3</b> , 19 <b>51</b> , to <b>10-25</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>10-25</b> , 19 <b>51</b> , and that death occurred at <b>7:45A</b> m., from the causes and on the date stated above.					
23A. SIGNATURE <b>P. S. Rogers</b> M. D.		23B. ADDRESS <b>4940 Eastern Avenue</b>		23C. DATE SIGNED <b>10-25-51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10/29/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>New Cathedral Cem.</b>	
24D. LOCATION (City, town, or county) (State) <b>4300 Old Frederick Rd.</b>		25. FUNERAL DIRECTOR <b>John J. Cowan &amp; Son</b>		ADDRESS <b>Rollins</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 27 1951</b>					

MEDICAL CERTIFICATION

48a





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9232

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Emma Eugenia Sapp

2. DATE  
OF  
DEATH

Oct. 25, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

532 East 27th Street

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

532 East 27th Street

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Nov. 26, 1875

9. AGE (In years  
last birthday)

75

If Under 1 Year  
Months Days  
If Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

?

Faulkner

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Joseph W. Sapp, 532 E. 27th St.

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Sarcoma of Uterus

INTERVAL BETWEEN  
ONSET AND DEATH

6 mo

ANTECEDENT CAUSES

(B) DUE TO  
(C) DUE TODISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1951, to Oct 25, 1951, that I last saw the  
deceased alive on Oct 25, 1951, and that death occurred at 7:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

10-27-51

Baltimore

Baltimore, Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 27 1951

Leonard J. Ruck, 5305 Harford Road.

Dr. Kalins  
1847 W. North Ave.

51 9233

51 9233

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

Katherine Brown

2. DATE  
OF  
DEATH

Oct 26-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

1945 Herbert St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

15-04

D. STREET ADDRESS (If rural, give location)

1945 Herbert Street

C. Length of stay in Baltimore

?

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widow

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

AT HOME

10B. KIND OF BUSINESS OR  
INDUSTRY

8. DATE OF BIRTH

Feb 1-18 23

9. AGE (In years  
last birthday)

88

11 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

York Pa.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Irene Graceland

18. 470.0 I

CAUSE OF DEATH 1945 Herbert St.

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) .....  
DUE TO

arteriosclerotic heart disease

20Y YRS

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) .....  
DUE TO  
(C) .....II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

blindness and deafness

20Y YRS.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)22. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐22. I hereby certify that I attended the deceased from Jan 1950 to Oct. 26, 1951, that I last saw the  
deceased alive on Oct 15, 1951 and that death occurred at 2:00A m., from the causes and on the date stated above.

23A. SIGNATURE

E. M. Lavorth M. D.

23B. ADDRESS

2131 Maryland Ave.

23C. DATE SIGNED

10-27-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Oct 29-51

Prospect Hill

York - Pa.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Oct 28 1951

William M. Williams, M.D.

Mamie Cook Syfer

Dr -  
2431 - Maryland Ave:

VALLEY  
CONGRESS  
BOND

51 9234

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9234

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MIRELL BRENNER

2. DATE  
OF  
DEATH

10-27-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

3309 Forest Park Ave

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3309 Forest Park Ave

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTH PLACE (State or foreign country)

Hoboken N.J.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Louis

14. MOTHER'S MAIDEN NAME

Ida

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Jacob Goldstein - Phila Pa

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Infarction Instant

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) 17 pertension - 470

DUE TO

(C) Atherosclerosis unknown

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1949 to Oct-27, 1951, that I last saw the deceased alive on Oct-25, 1951, and that death occurred at 8 A.M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

Paul E. Carlines

2217 South rd

Oct 27 51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 28 1951

L. J. Williams, Jr.

Jack Lewis Inc 2100 Canton Rd

Clarkner  
2217 South Road



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 51-23971

1. NAME OF DECEASED  
(Type or Print)

Patricia Ann Sherman

2. DATE  
OF  
DEATH

10/14/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR INSTITUTION location)HOSPITAL FOR WOMEN  
OF Md. BALTIMORE Md.Yrs.  
Mos.  
Days

Length of stay in Baltimore

1 1/2

5. SEX

FEMALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

10/13/51

9. AGE (In years  
last birthday)If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.

37 45

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE Md.

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Sol Sherman

14. MOTHER'S MAIDEN NAME

PAULINE Patricia Sherie

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

NO

16. SOCIAL  
SECURITY NO.

17. INFORMANT

Mother

ADDRESS

AS ABOVE

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) ANOXIA

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN  
ONSET AND DEATH

37 hr 45 min

19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 13 1951 to Oct. 14 1951, that I last saw the  
deceased alive on Oct. 14 1951 and that death occurred at 4:10 p.m., from the causes and on the date stated above

23A. SIGNATURE

Perry D. Sowell

M. D.

23B. ADDRESS HOSP. FOR WOMEN  
OF Md. BALTIMORE Md.

23C. DATE SIGNED 10/14/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

10/16/51

24C. NAME OF CEMETERY OR CREMATORY

City Morgue

24D. LOCATION (City, town, or county)

700 Fleet St

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

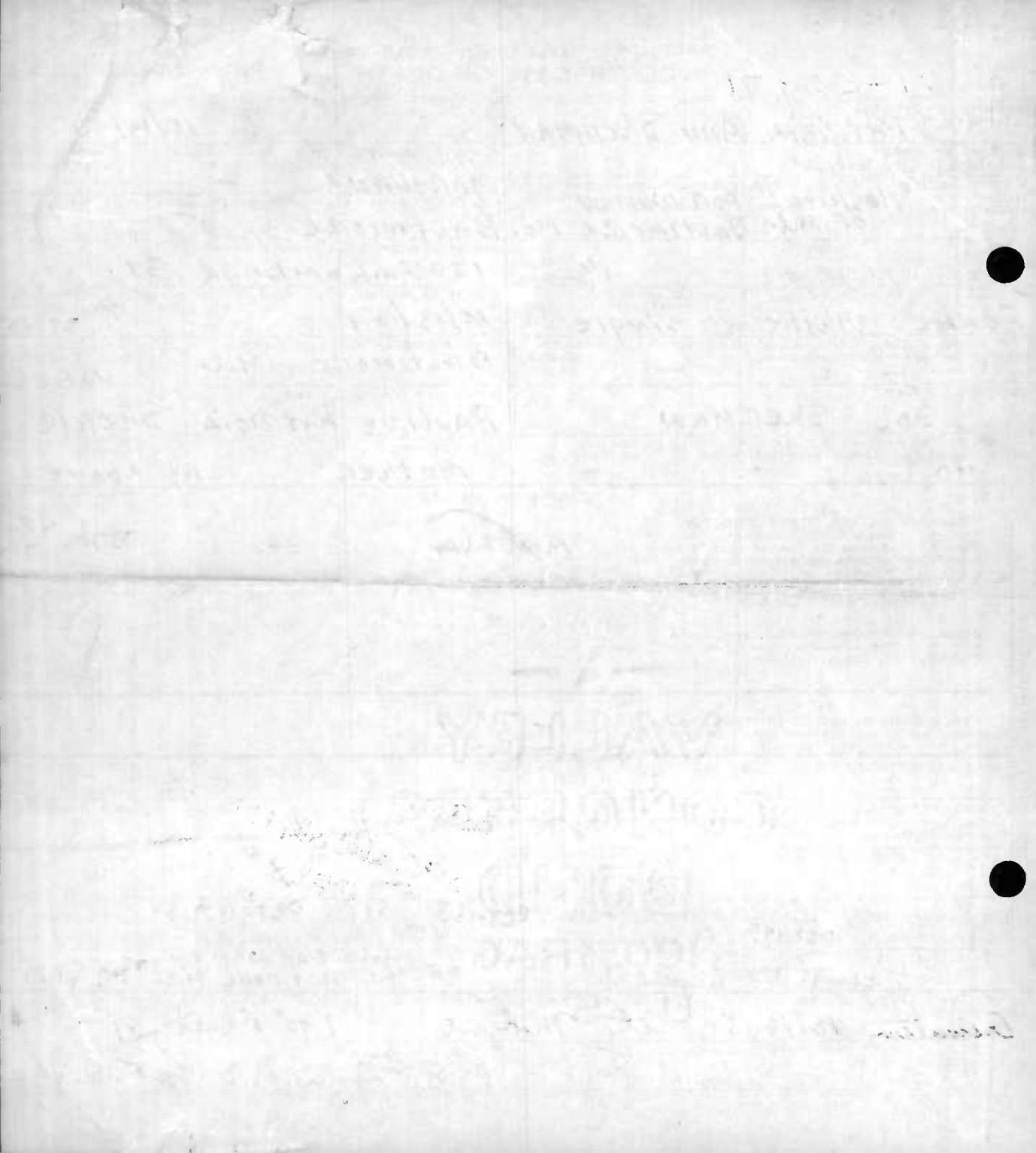
ADDRESS

OCT 28 1951

Huntington Williams, Md.

R S Fisher MD 700 Fleet St





51 9236

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9236

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>Baby Boy "B" Myers</b>		2. DATE OF DEATH <b>10.10.1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) STATE <b>Maryland</b> B. COUNTY <b>BALTIMORE</b>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Doctors Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 5300 RURAL</b>	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>8707 Eddington Rd, Baltimore</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>infant</b>	8. DATE OF BIRTH <b>10.9.51</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>infant</b>		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <b>James P. Myers</b>		14. MOTHER'S MAIDEN NAME <b>Mary Kath Kathrine Long</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>father</b>		ADDRESS <b>Tow-3653</b>	

18. <b>762.5</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Atelectasis of the lungs</b> DUE TO <b>Prematurity.</b>	CAUSE OF DEATH <b>Atelectasis of the lungs</b> <b>Prematurity.</b>	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>10.9.51</b> , 1951, to <b>10.10.</b> , 1951, that I last saw the deceased alive on <b>10.10</b> , 1951, and that death occurred at <b>10 am</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Christian F. Richter</b>		23B. ADDRESS <b>1100 Biddle St.</b>		23C. DATE SIGNED <b>10/11/51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>		24B. DATE <b>10/19/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Baltimore City Morgue</b>	
24D. LOCATION (City, town, or county) (State) <b>700 Fleet St., Balto. Md.</b>		25. FUNERAL DIRECTOR <b>J. H. Fisher</b>		ADDRESS <b>700 Fleet Street</b>	

RECORDS SECTION  
CENTRAL OFFICE

10-10-51

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51 9237

51 9237

## BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No.

16

BIRTH NO. 51-23262

1. NAME OF DECEASED  
(Type or Print)

William E Wolford

2. DATE  
OF  
DEATH

10/4/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Lutheran Hosp of Md

Yrs.  
Mos.  
Days

Length of stay in Baltimore

SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto 24

26-07

D. STREET ADDRESS (If rural, give location)

803 S. Oldham St

8. DATE OF BIRTH

10/3/51

9. AGE (In years last birthday)

If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.

16 16

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Robert William Wolford

14. MOTHER'S MAIDEN NAME

Doris Gertrude Pettie

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or oookooow)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

Mother

ADDRESS

Same

18. 761.0 I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral edema &amp; congestion

16 hrs

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Premature separation of placenta

22 hrs

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.(C) Encephalohematomas, small  
Mid bilateral pulm. atelectasis & congestion

16 hrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October 3, 1951, to October 4, 1951, that I last saw the deceased alive on October 4, 1951, and that death occurred at 12:40 pm., from the causes and on the date stated above.

23A. SIGNATURE

Muriel S. Daly

M. D.

23B. ADDRESS

Lutheran Hospital of Md

23C. DATE SIGNED

October 5, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

10/19/51

24C. NAME OF CEMETERY OR CREMATORY

Baltimore City Morgue

24D. LOCATION (City, town, or county)

700 Fleet St., Balto., Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

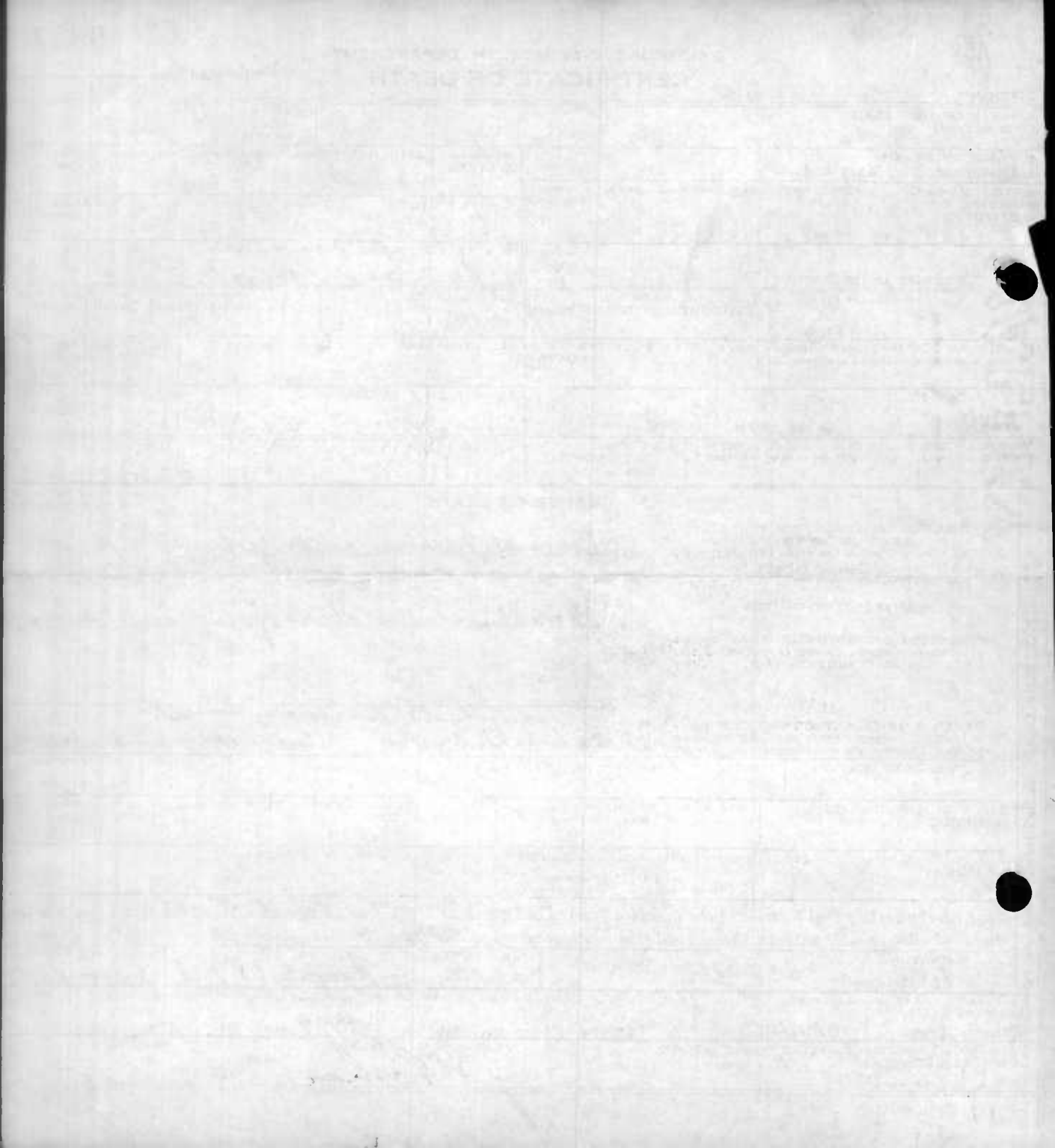
25. FUNERAL DIRECTOR

R. Fisher

ADDRESS

700 Fleet St.

MEDICAL CERTIFICATION



51 9238

51 9238

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 51-24041

1. NAME OF DECEASED  
(Type or Print)

Michaelis, boy, baby

2. DATE  
OF  
DEATH

10-14-51

3. PLACE OF DEATH:

a. Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution; residence

A. STATE

B. COUNTY

before admission)

b. FULL NAME OF (If not in hospital or institution, give street address or location)

Franklin Square Hosp.

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 19-03

d. STREET ADDRESS (If rural, give location)

198. Calhoun St.

e. Length of stay in Baltimore

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

10.19.51.

9. AGE (In years

last birthday)

if Under 1 Year

Months: Days

if Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

Md.

13. FATHER'S NAME

Albert

14. MOTHER'S MAIDEN NAME

Falaher

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Respiratory insufficiency

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Prematurity

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Maternal antepartum bleeding

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK WORK AT WORK

22. I hereby certify that I attended the deceased from 10.13., 19., to 10.14., 1951; that I last saw the deceased alive on 10.14., 1951, and that death occurred at 6 A.m., from the causes and on the date stated above.

23A. SIGNATURE

J. Thacgy

M. D.

23B. ADDRESS

Franklin Square Hosp.

23C. DATE SIGNED

10.15.51.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL OCT 16 1951

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 28 1951

Walter J. Williams, M.D.

Commissioner of Health

VS 150

159

UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D. C. 20535

P. 1

E. 1



123  
51 9239BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9239  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Alfred F. Webster

2. DATE  
OF  
DEATH

October 26, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

1561 Sheffield Road

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE  
Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1561 Sheffield Road

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Sept. 4, 1890

9. AGE (In years  
last birthday)

61

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Electrician

10B. KIND OF BUSINESS OR  
INDUSTRYBaltimore Paint &  
Color Works (M)

11. BIRTHPLACE (State or foreign country)

Crisfield, Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Alfred T. Webster

14. MOTHER'S MAIDEN NAME

Charlotte Dize

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Pearl Krempel, 1561 Sheffield Road

18. 162X I

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Bronchogenic Carcinoma  
- left lung.INTERVAL BETWEEN  
ONSET AND DEATH

6 months

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

10/27/51

Carcinoma - left lung - inoperable

21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐  
WORKNOT WHILE ☐  
AT WORK

21F. HOW DID INJURY OCCUR?

20. AUTOPSY?

YES ☐ NO ☒

22. I hereby certify that I attended the deceased from 9-10-1951 to 10-26-1951, that I last saw the deceased alive on 10-26-1951, and that death occurred at 11:52 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Arthur Karfagin

M. D.

4230 Loch Raven Blvd.

10-27-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

burial

24B. DATE

10/30/51

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill Cemetery

24D. LOCATION (City, town, or county)

Anne Arundel County, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 28 1951

Huntington Williams, M.D.

Wm. Cook, Inc.

1217 St. Paul Street

October 24, 1951

Alfred J. Spector

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51 9240

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9240

Registered No. \_\_\_\_\_

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>JOE MURRAY (JOSEPH FRANCIS MURRAY)</b>		2. DATE OF DEATH <b>October 25, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>John Hopkins Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>9-04</b>			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <b>753 E. 30th Street</b>			
5. Sex <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>9/15/1894</b>	9. AGE (In years last birthday) <b>57</b>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Unknown</b>		11. BIRTHPLACE (State or foreign country) <b>Balto. Md.</b>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <b>Andrew V. Murray</b>		14. MOTHER'S MAIDEN NAME <b>Ellen Conley</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <b>Marty Agnes Dix 1920 Sherwood Ave</b>	

18. <b>587.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Pancreatitis</b> DUE TO	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Exposure</b> DUE TO		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Malnutrition</b> DUE TO		

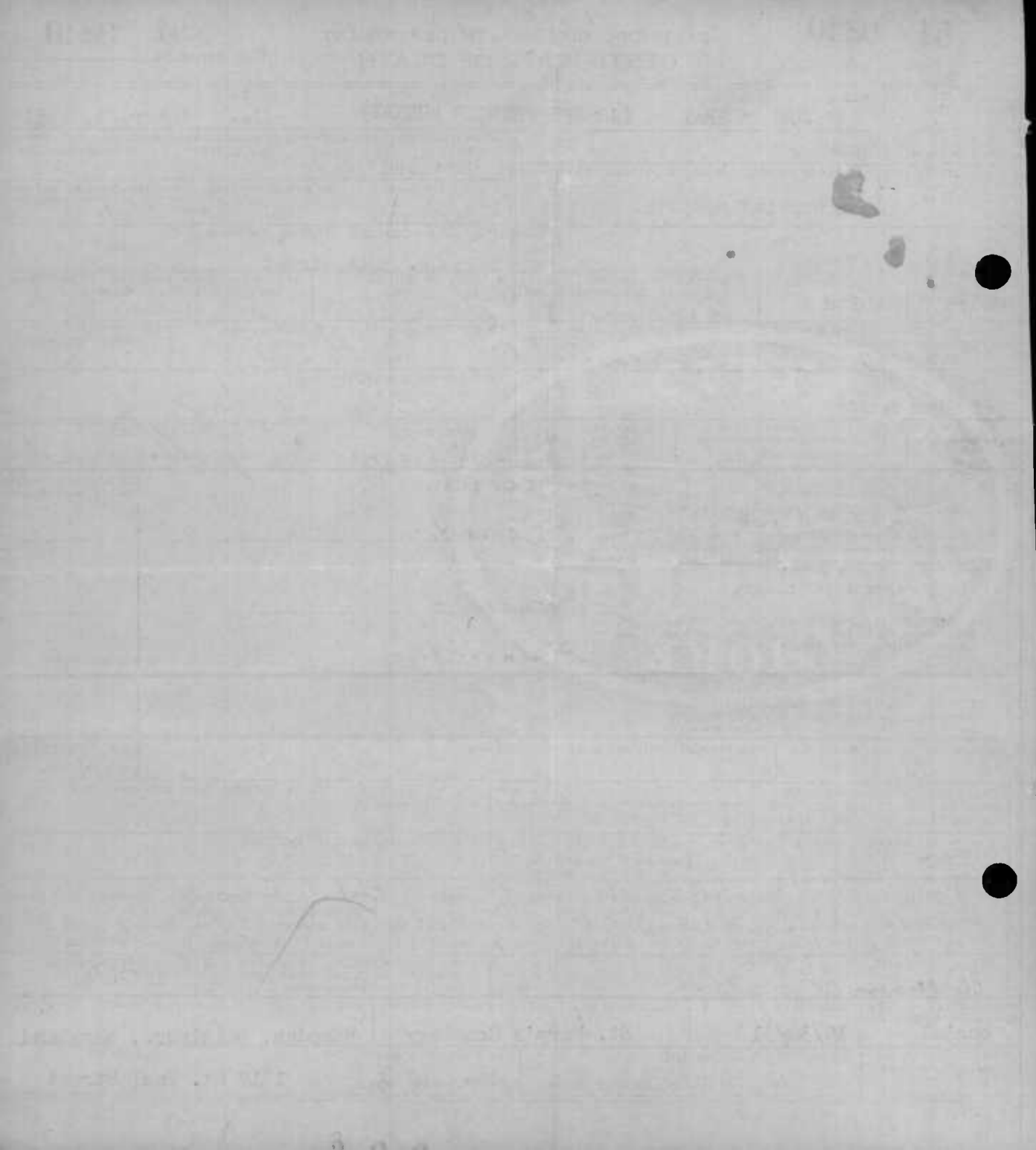
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Partial Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <b>William H. Wood</b>	23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED <b>10/26/51</b>
--	---	-------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24B. DATE <b>10/30/51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>St. Mary's Cemetery</b>	24D. LOCATION (City, town, or county) (State) <b>Hampden, Baltimore, Maryland</b>
--	------------------------------	--	--

DATE RECEIVED BY LOCAL REGISTRAR <b>10/28/51</b>	REGISTRAR'S SIGNATURE <b>William H. Wood</b>	25. FUNERAL DIRECTOR ADDRESS <b>Wm. Cook, Inc. 1217 St. Paul Street</b>
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51 9241

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9241

Registered No.

RTH NO.

NAME OF DECEASED  
(Type or Print)

Emma May Phelan

2. DATE  
OF  
DEATH

October 26, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

2327 N. Charles Street

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
widowed

8. DATE OF BIRTH

Jan. 10, 1879

9. AGE (In years  
last birthday)

72

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Joseph Norman

14. MOTHER'S MAIDEN NAME

Anna Doged

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

William E. Smith, 1012 N. Central Avenue

1B.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHI  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from Oct. 17, 51, to Oct. 26, 51, that I last saw the  
deceased alive on Oct. 26, 51, and that death occurred at 10:27 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

burial

24B. DATE

10/30/51

24C. NAME OF CEMETERY OR CREMATORY

U. S. National Cemetery

24D. LOCATION (City, town or county)

Baltimore,

(State)

Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 28 1951

T. J. Williams, M.D.

Wm. Cook, Inc.,

1217 St. Paul Street

middle

51 9242

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9242  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ANDREW PLUSCHKELL

2. DATE  
OF  
DEATH

10-26-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

UNIVERSITY HOSP -

C. Length of stay in Baltimore

resident

Yrs.  
Mos.  
Days

5. SEX

M -

6. COLOR OR RACE

W -

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Nov. 30, 1918

9. AGE (In years  
last birthday)

32

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

None -

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

OKLA -

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

OSCAR PLUSCHKELL

14. MOTHER'S MAIDEN NAME

ROSE Kaldigan

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No -

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Louise Pluschkell, 1403 N. Ostend St.

18. CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

INTERNAL HYDROCEPHALUS - ?

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

NEURO FIBROMATOSIS -  
GENERALIZED

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

7-3-51

19B. MAJOR FINDINGS OF OPERATION

INTERNAL HYDROCEPHALUS

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-7-51, 1951, to 10-26-51, 1951, that I last saw the  
deceased alive on 10-26, 1951, and that death occurred at 10:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

H. H. Kew, Jr.

M. D.

23B. ADDRESS

Uncertainty 1000

23C. DATE SIGNED

10-26-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/29/51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery

24D. LOCATION (City, town, or county)

Baltimore

(State)

Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc., 1217 St. Paul Street

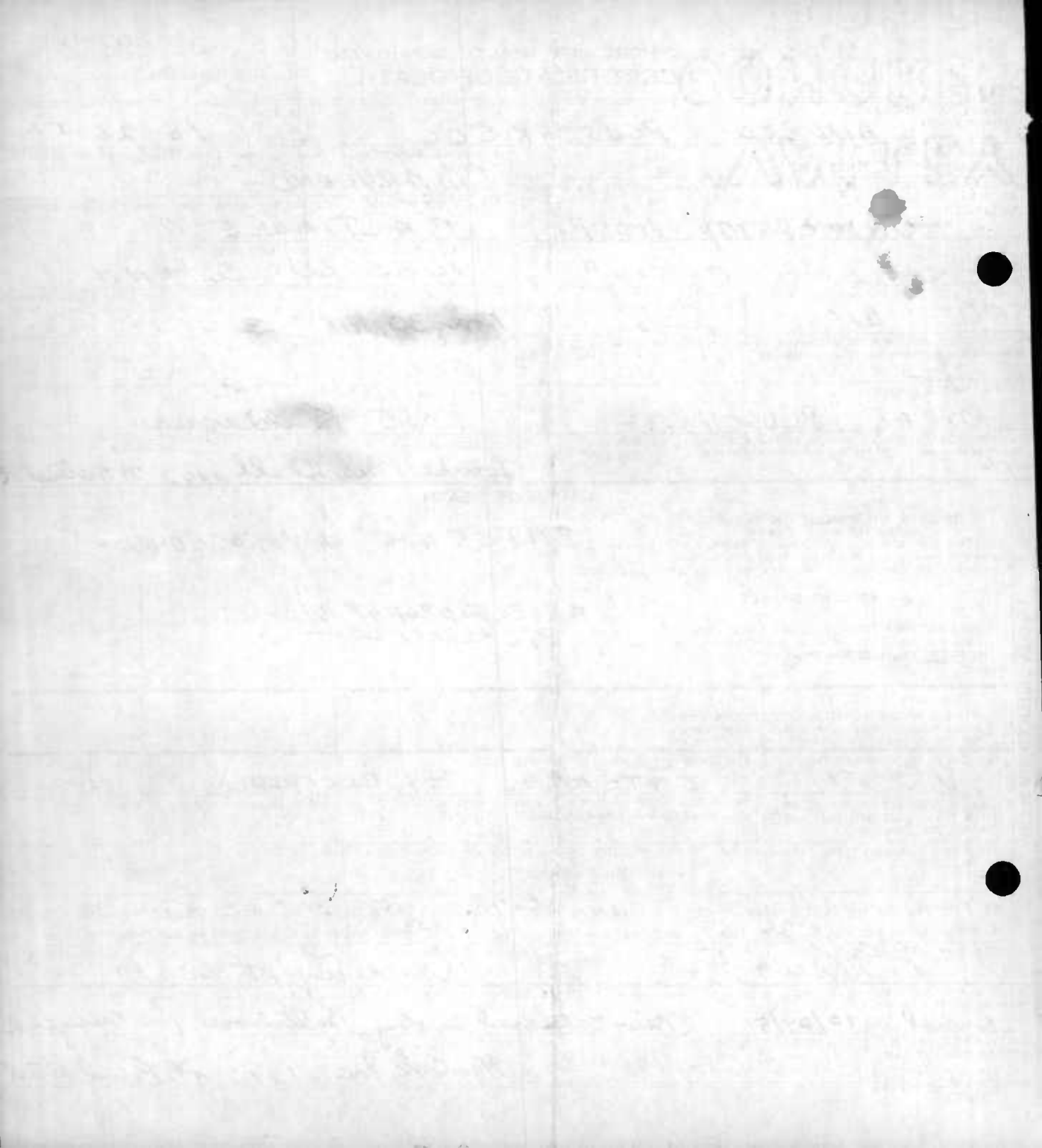
OCT 28 1951

VS 150

87E

MEDICAL CERTIFICATION





51 9243

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9243

Registered No.

1. NAME OF DECEASED (Type or Print) <b>THOMAS J. TIMOTHY KEATING</b>		2. DATE OF DEATH <b>October 25, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lutheran Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>15-38</b>	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>3609 Springdale Road</b>	
5. <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>August 14, 1922</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Heating Business</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Self Employed</b>	9. AGE (In years last birthday) <b>29</b>
13. FATHER'S NAME <b>Richard J. Keating</b>		11. BIRTHPLACE (State or foreign country) <b>Baltimore, Maryland</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>yes</b>		16. SOCIAL SECURITY NO. <b>W. W. II</b>	
17. INFORMANT <b>Earl B. Keating, 3609 Springdale Avenue</b>		14. MOTHER'S MAIDEN NAME <b>Margaret B. Davis</b>	

18. <b>E 976 x 1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Gunshot wound of the head</b> DUE TO (A) <b>Gunshot wound of the head</b> (B) (C) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (A) (B) (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH <b>Gunshot wound of the head</b>	INTERVAL BETWEEN ONSET AND DEATH
---	--	--	----------------------------------

19A. DATE OF OPERATION <b>10/25/51</b>	19B. MAJOR FINDINGS OF OPERATION <b>Woods in Woodlawn on Liberty Powder</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. <input checked="" type="checkbox"/> UNDERLYING <input type="checkbox"/> CONTRIBUTING	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>woods</b>	21C. WHERE DID INJURY OCCUR? <b>Woods in Woodlawn on Liberty Powder</b>
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>10/25/51 1:15 P. m.</b>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <b>Firearms</b>

I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

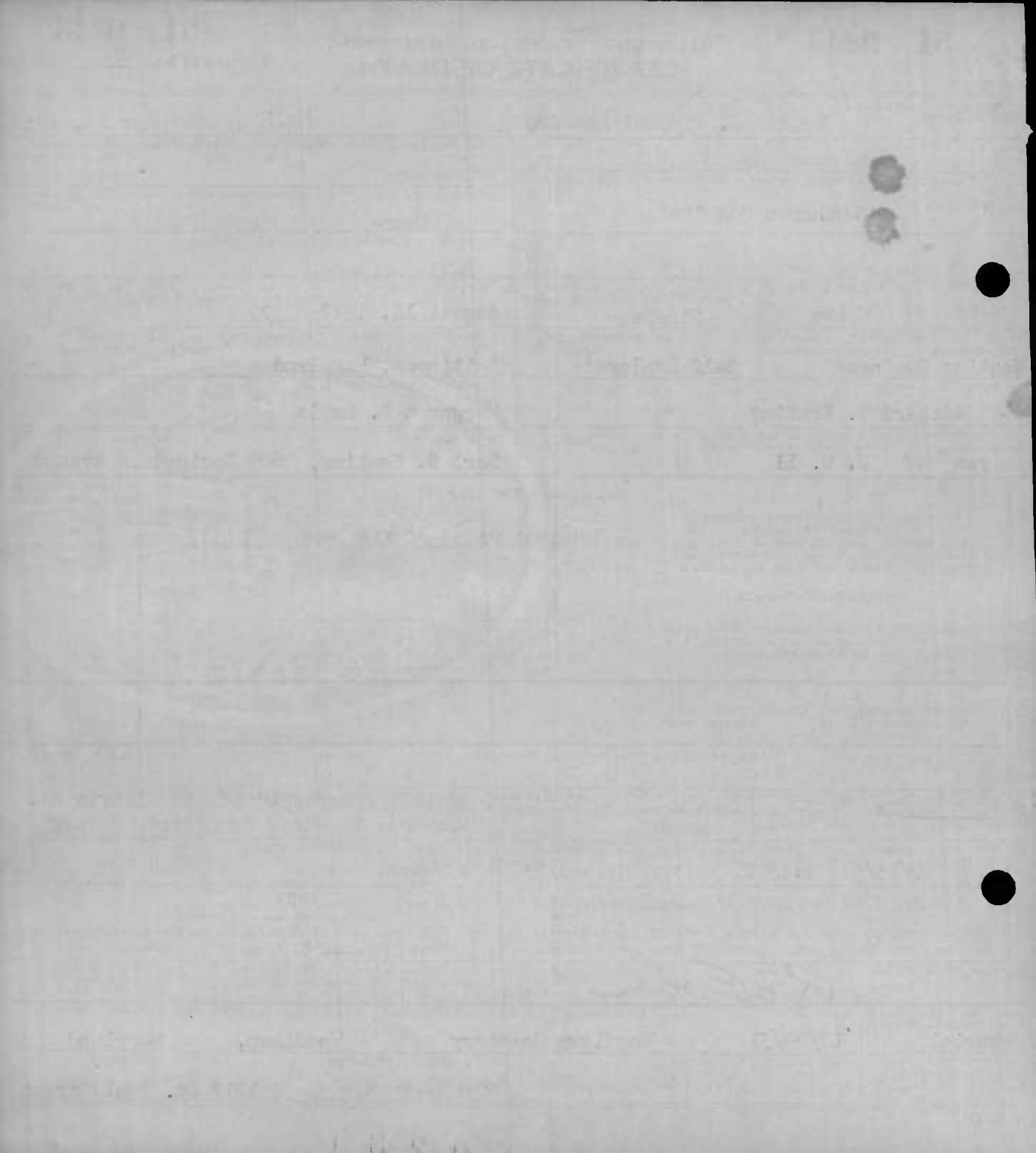
23A. SIGNATURE <b>R. S. Fisher</b>	23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED <b>10/26/51</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24B. DATE <b>10/29/51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Woodlawn Cemetery</b>
24D. LOCATION (City, town, or county) <b>Woodlawn, Maryland</b>	24E. FUNERAL DIRECTOR <b>Wm. Cook, Inc.</b>	24F. ADDRESS <b>1217 St. Paul Street</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>10/28/51</b>		
REGISTRAR'S SIGNATURE <b>Wm. Cook, Inc.</b>		

N-853.4

290240 23

164c

✓



60 51 9244

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9244

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

CARRIE BEEHLER

2. DATE  
OF  
DEATH

Oct 26, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE Windsor Rest Home

C. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)  
Widow

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Bender

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE  
Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 16-06D. STREET ADDRESS (If rural, give location)  
2827 Harlem Ave

8. DATE OF BIRTH

Jan 28, 1852

9. AGE (In years last birthday)

99

11 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)  
Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME  
Unknown

17. INFORMANT

ADDRESS

Sophia Beehler 2827 Harlem Ave

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(A) Myocardial Degeneration + Insufficiency with cardiac hypertrophy + congestive failure  
(B) Arteriosclerotic cardiovascular disease  
Generalized arteriosclerosis  
(C)Two years  
many years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 to Oct 24, 1951, that I last saw the deceased alive on Oct 26, 1951, and that death occurred at 330 P.m., from the causes and on the date stated above.

23A. SIGNATURE

William Michel

M. D.

23B. ADDRESS

1015 Poplar Grove St.

23C. DATE SIGNED

Oct 27, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Bureau

Oct 29-1951

Loudon Park

Balto - Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

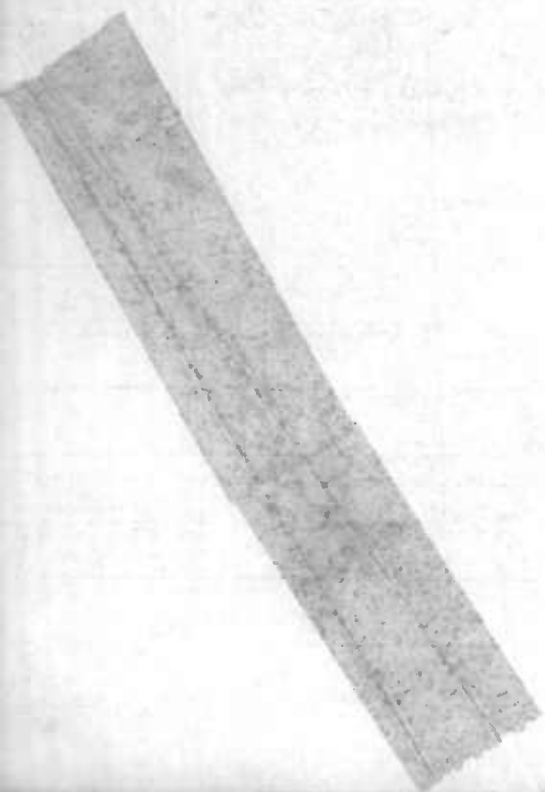
25. FUNERAL DIRECTOR

ADDRESS

OCT 28 1951

Huntington Williams, Jr.

Mrs. Mrs. John W. Seufel, Son 5311 Edmondson Ave



20 51 9245

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9245

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

CLARE E. PRICE

2. DATE  
OF  
DEATH

Oct 27-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

60 Shriner Nursing Home

C. Length of stay in Baltimore

80 Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

John Price

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

RETIRED

10B. KIND OF BUSINESS OR  
INDUSTRY

RETIRED

13. FATHER'S NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived, if institution; residence  
before admission)A. STATE B. COUNTY  
SHRINER NURSING BALTO MDC. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

BALTO MD 15-11

D. STREET ADDRESS (If rural, give location)

3520 N HILTON ST - 11

8. DATE OF BIRTH

NOV 8, 1854 96 97

9. AGE (In years  
last birthday)11 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

EASTERN SHORE MD

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

CLARA WHITE

17. INFORMANT

324 ADDRESS Ch 5127  
HETA COBURN Rem Way

18. 4221 I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Cardiovascular disease

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Arterio Sclerosis advanced ?

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 9 1951, to Oct 27, 1951, that I last saw the  
deceased live on Oct 26, 1951, and that death occurred at 11 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

10/30/51

MT CARMEL CEM

BALTO

MD

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

2427

ADDRESS

OCT 28 1951

William Williams, M.D.

CHAS P. TOWELL EDMONDSON AVE

W. W. NIBBETTS  
2220 Garfield Blvd  
Si 7400

1951  
99  
1954

8. ...  
9. ...

to ...

... ..



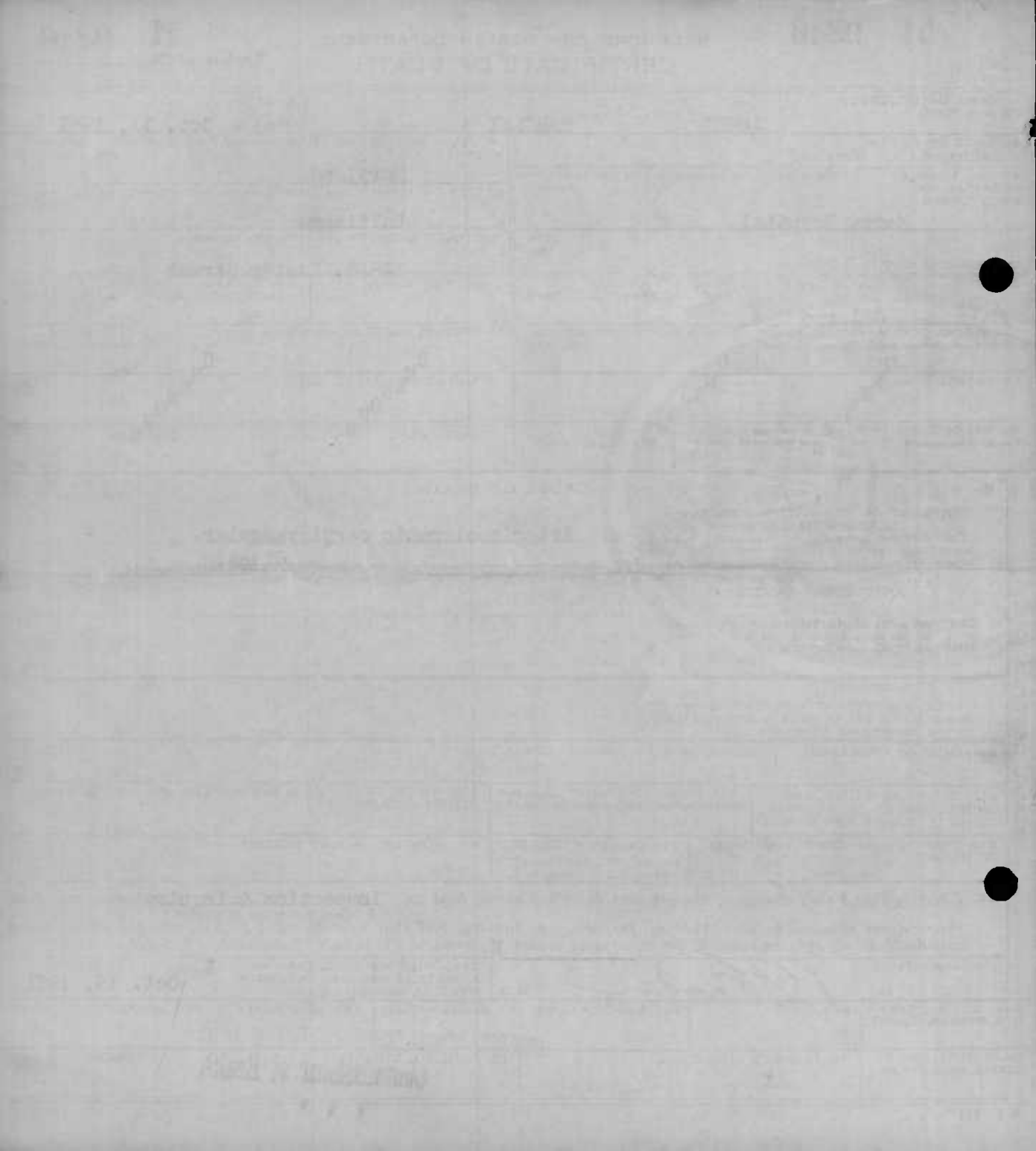
24 51 9246

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9246  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		JAMES BARCLAY		Oct. 11, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 128 N. Exeter Street				5. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
6. COLOR OR RACE Male Colored		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U		10B. KIND OF BUSINESS OR INDUSTRY U		9. AGE (In years last birthday) 58 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.	
13. FATHER'S NAME U		14. MOTHER'S MAIDEN NAME U		11. BIRTHPLACE (State or foreign country) 58	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) N		16. SOCIAL SECURITY NO. N		12. CITIZEN OF WHAT COUNTRY? U	
17. INFORMANT N		ADDRESS			

18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 42211 (A) Arteriosclerotic cardiovascular disease DUE TO ANTECEDENT CAUSES (B) DUE TO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
--	--	----------------------------------

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. B. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Oct. 15, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
24D. LOCATION (City, town, or county)		24E. STATE		24F. FUNERAL DIRECTOR	
DATE RECEIVED BY LOCAL REGISTRAR OCT 28 1951		REGISTRAR'S SIGNATURE Marie J. Williams, M.D.		ADDRESS UNIVERSITY MEDICAL SCHOOL OCT 15 1951 Commissioner of Health	



51 9247

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9247

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

CARY

CROWELL

2. DATE  
OF  
DEATH

Oct. 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Johns Hopkins Hospital

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1026 N. Central Avenue

Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months Days  
If Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

UNKNOWN

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) Carcinoma of gastrointestinal tract

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....  
ASSISTANT MEDICAL EXAMINER.....  
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Oct. 10, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

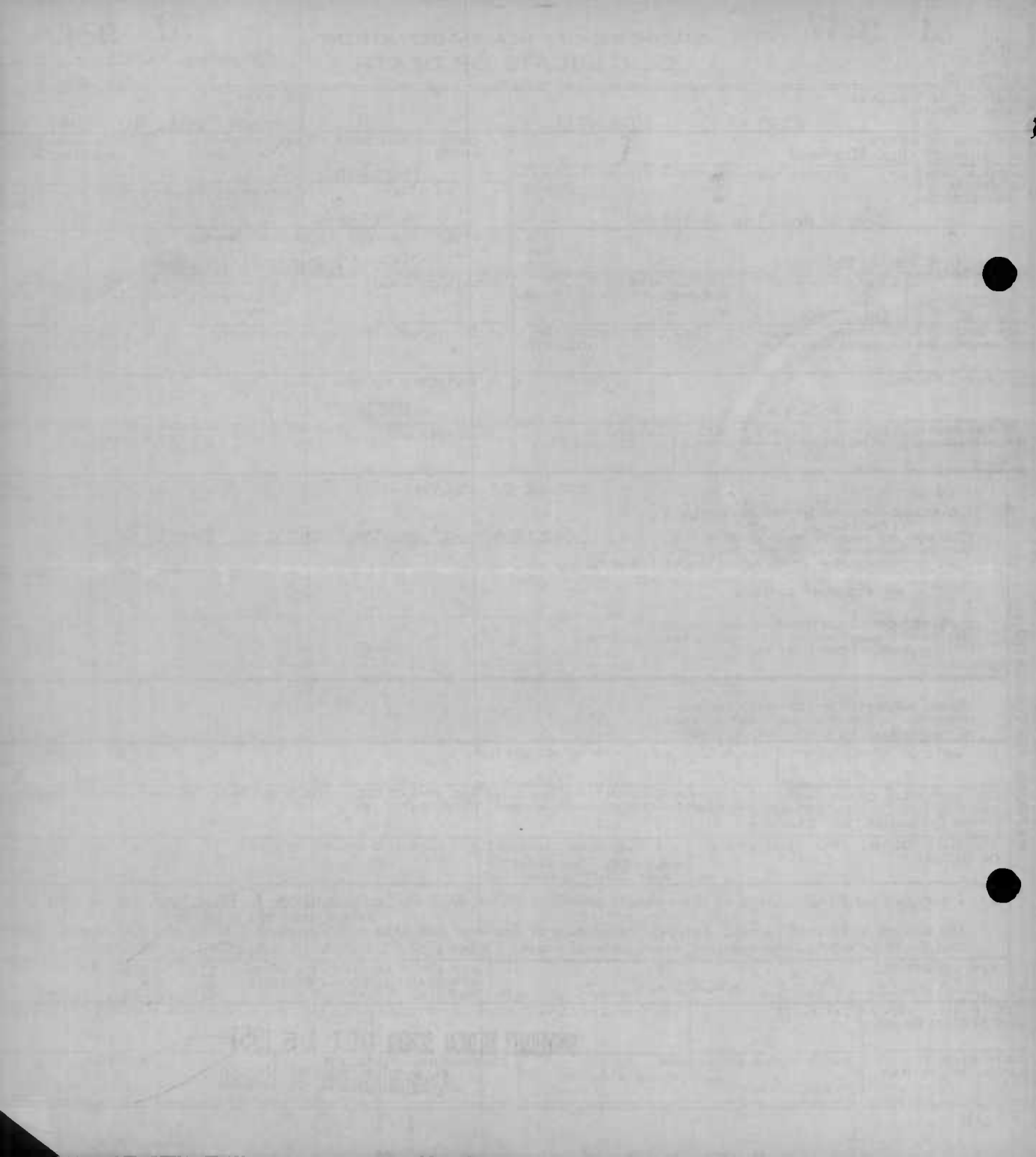
ADDRESS

VS 151

UNIVERSITY MEDICAL SCHOOL OCT 15 1951

Commissioner of Health

46M



51 9248

51 9248

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

JOHN

BIEDO

2. DATE  
OF  
DEATH

October 4, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

John Hopkins Hospital

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

13. FATHER'S NAME

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)A. STATE  
Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)

30 South Albemarle Street

8. DATE OF BIRTH

9. AGE (In years  
last birthday)

61

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

UNKNOWN

17. INFORMANT

ADDRESS

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Arteriosclerotic Cardiovascular

Disease

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING OR CONTRIB-  
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

*R. J. Fisher*23B. CHIEF MEDICAL EXAMINER ☒ASSISTANT MEDICAL EXAMINER ☐M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL OCT 15 1951

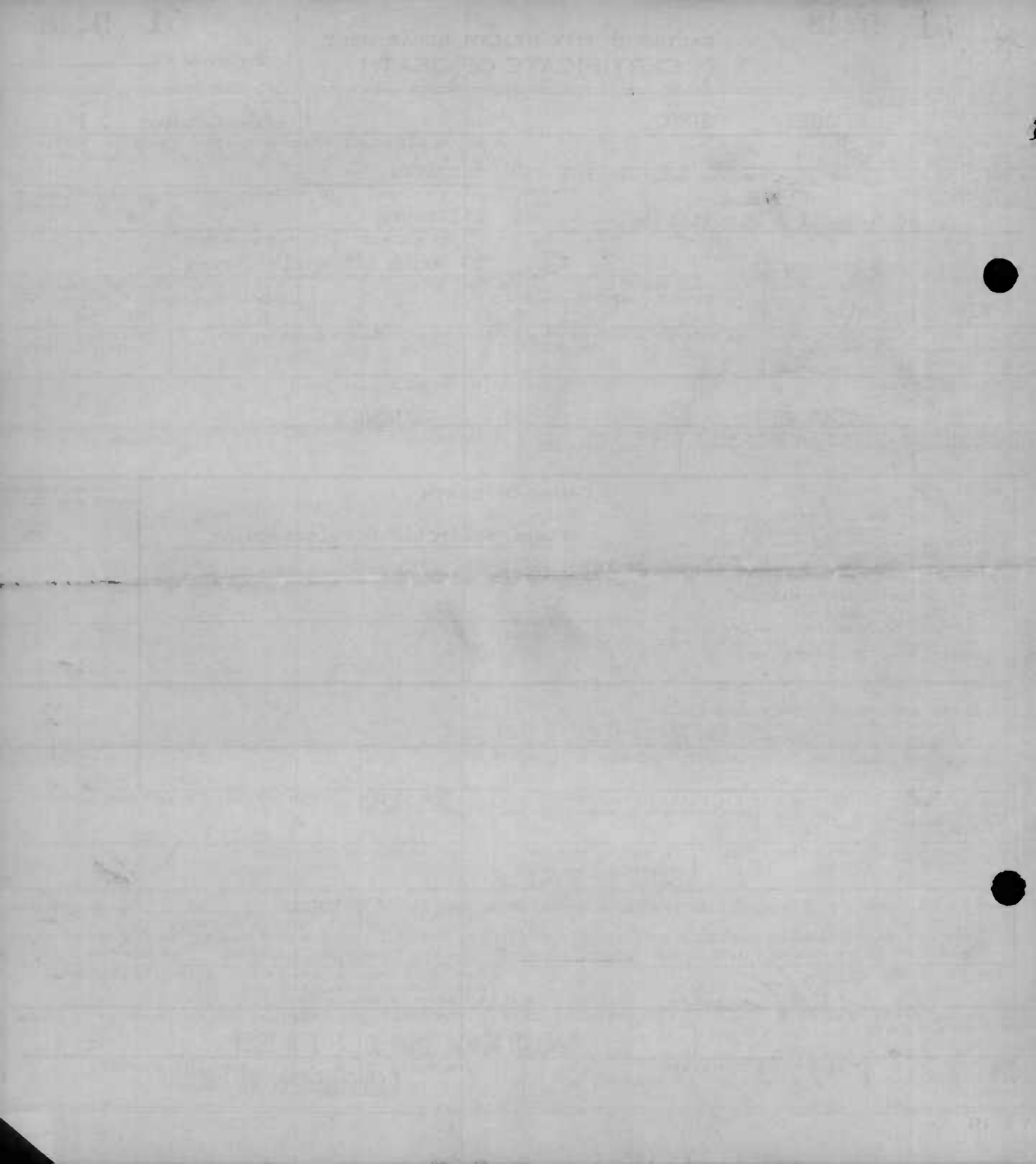
DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Commissioner of Health



A-735  
51 9249BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9249  
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <u>Aston, William James</u>			2. DATE OF DEATH <u>10/27/51</u>		
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Penna.</u> B. COUNTY <u>V-35</u>					
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>USMH Baltimore, Md.</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Houston</u>					
C. Length of stay in Baltimore <u>17</u> <sup>11</sup> / <sub>100</sub> Days			D. STREET ADDRESS (If rural, give location) <u>26 W. McNutt St.</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>12/23/05</u>	9. AGE (In years last birthday) <u>45</u>	If Under 1 Year Months Days	If Under 24 Hours Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mate (on shipboard)</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>Marine</u>			11. BIRTHPLACE (State or foreign country) <u>Pennsylvania</u>		
13. FATHER'S NAME <u>James Aston</u>			14. MOTHER'S MAIDEN NAME <u>Mary Aston</u>			12. CITIZEN OF WHAT COUNTRY? <u>US</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>Unknown</u>			17. INFORMANT <u>Self</u>		
			ADDRESS					

18. <u>150X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Carcinoma of Esophagus</u> DUE TO <u>Pulmonary Infarcts</u> DUE TO <u>Thrombophlebitis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 1/2 mos</u> <u>?</u> <u>2 days</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>4-26-51</u>		19B. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Esophagus</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>10-10</u> , 19 <u>51</u> , to <u>10-27</u> , 19 <u>51</u> that I last saw the deceased alive on <u>10-27</u> , 19 <u>51</u> , and that death occurred at <u>1:49 P.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>L. M. Chilton</u>		23B. ADDRESS M. D. <u>U.S. PHS Hospital, Baltimore</u>		23C. DATE SIGNED <u>10-27-51</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24B. DATE <u>10-28-51</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Oak Springs</u>	24D. LOCATION (City, town, or county) (State) <u>Canonsburg, Pennsylvania.</u>		
DATE RECEIVED BY LOCAL REGISTRAR <u>OCT 28 1951</u>	REGISTRAR'S SIGNATURE <u>William Williams, M.D.</u>	25. FUNERAL DIRECTOR <u>Wm. Cook Inc. 1217 St. Paul St.</u>		ADDRESS	



STATE OF NEW YORK

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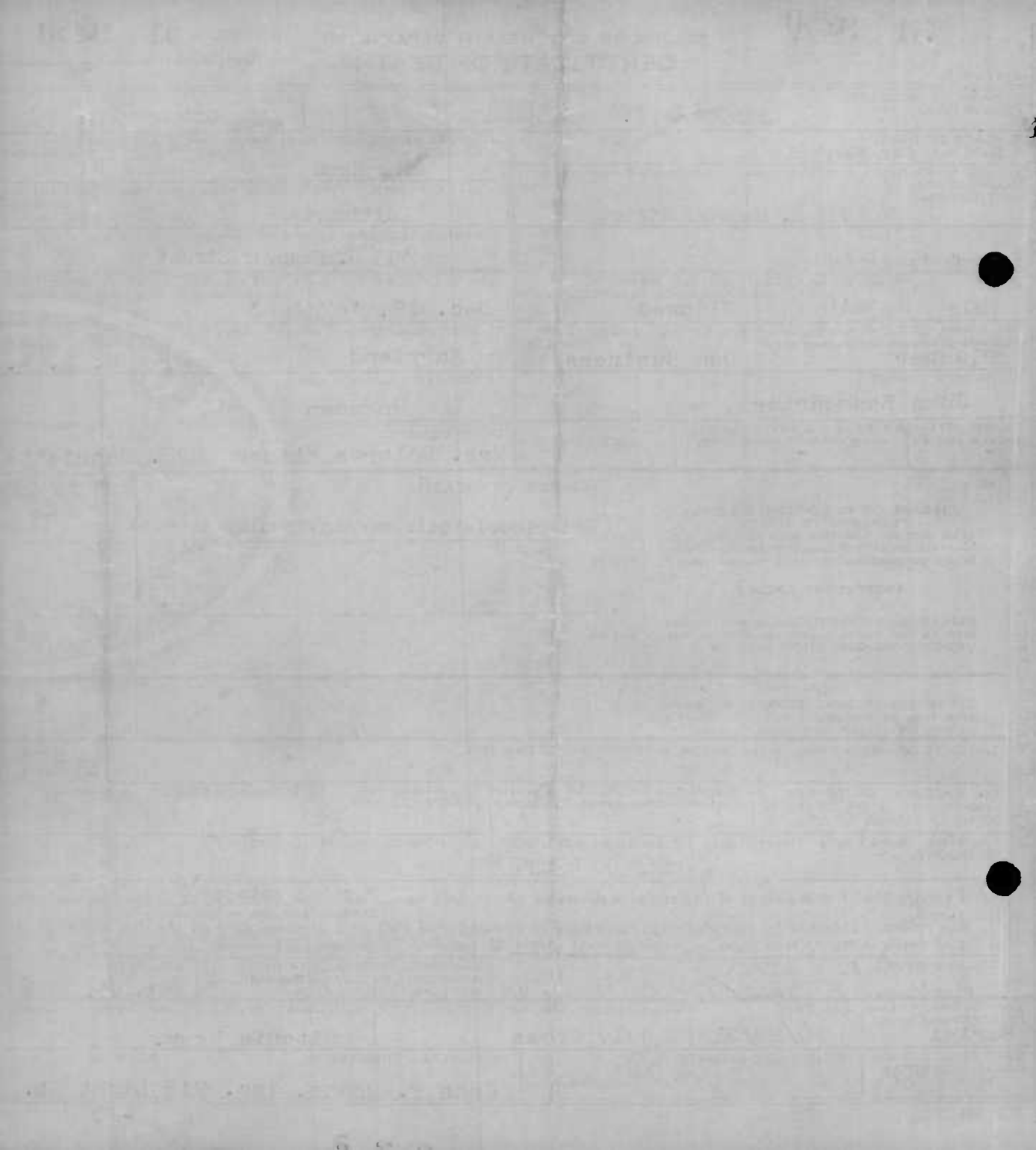
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B-5251 9250

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9250  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		CHARLES J. BAUMGARTEN		October 25, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)		
B. FULL NAME OF HOSPITAL OR INSTITUTION 715 S. Hanover Street			A. STATE Maryland B. COUNTY		
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 22-01			D. STREET ADDRESS (If rural, give location) 715 S. Hanover Street		
5. SEX Male			6. COLOR OR RACE White		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed			8. DATE OF BIRTH Dec. 19, '67		
9. AGE (in years last birthday) 83			10. MONTHS: Days: Hours: Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber			10B. KIND OF BUSINESS OR INDUSTRY Own Business		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME John Baumgarten			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs. Dolores Fisher			ADDRESS 22E. Henrietta		
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease (A) DUE TO ANTECEDENT CAUSES (B) DUE TO (C) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Partial Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William V. Lovett		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Oct. 25, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/29/51		24C. NAME OF CEMETERY OR CREMATORY Holy Cross	
24D. LOCATION (City, town, or county) Ritchie Hgwy.		24E. FUNERAL DIRECTOR John F. Denny, Inc. 715 Light St.			



51 9251

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9251  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>MATTIE STEWART ANDERSON</b>		2. DATE OF DEATH <b>Sept. 10, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Baltimore City Morgue</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <b>1300 Block Hane Lane</b> <b>5-1</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>May 24, 1926</b>	9. AGE (in years last birthday) <b>23 23</b>	10. Under 1 Year Months; Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Va.</b>	
13. FATHER'S NAME <b>Robert Stewart</b>		14. MOTHER'S MAIDEN NAME <b>Louise Wilkins</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <b>Louise Stewart- 651 Dover St.</b>	

18. **E851.81**

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Drowning (found drowned)**

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

**Harbor**

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

**Harbor - Locust Point**

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

**Found 9-10-51**

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

**Found drowned in harbor**

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER... ASSISTANT MEDICAL EXAMINER... MEDICAL INVESTIGATOR... ☒

23C. DATE SIGNED

**Sept. 13, 1951**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

THE NEW YORK PUBLIC LIBRARY  
ASTOR LENOX TILDEN FOUNDATION  
500 5th Avenue New York City

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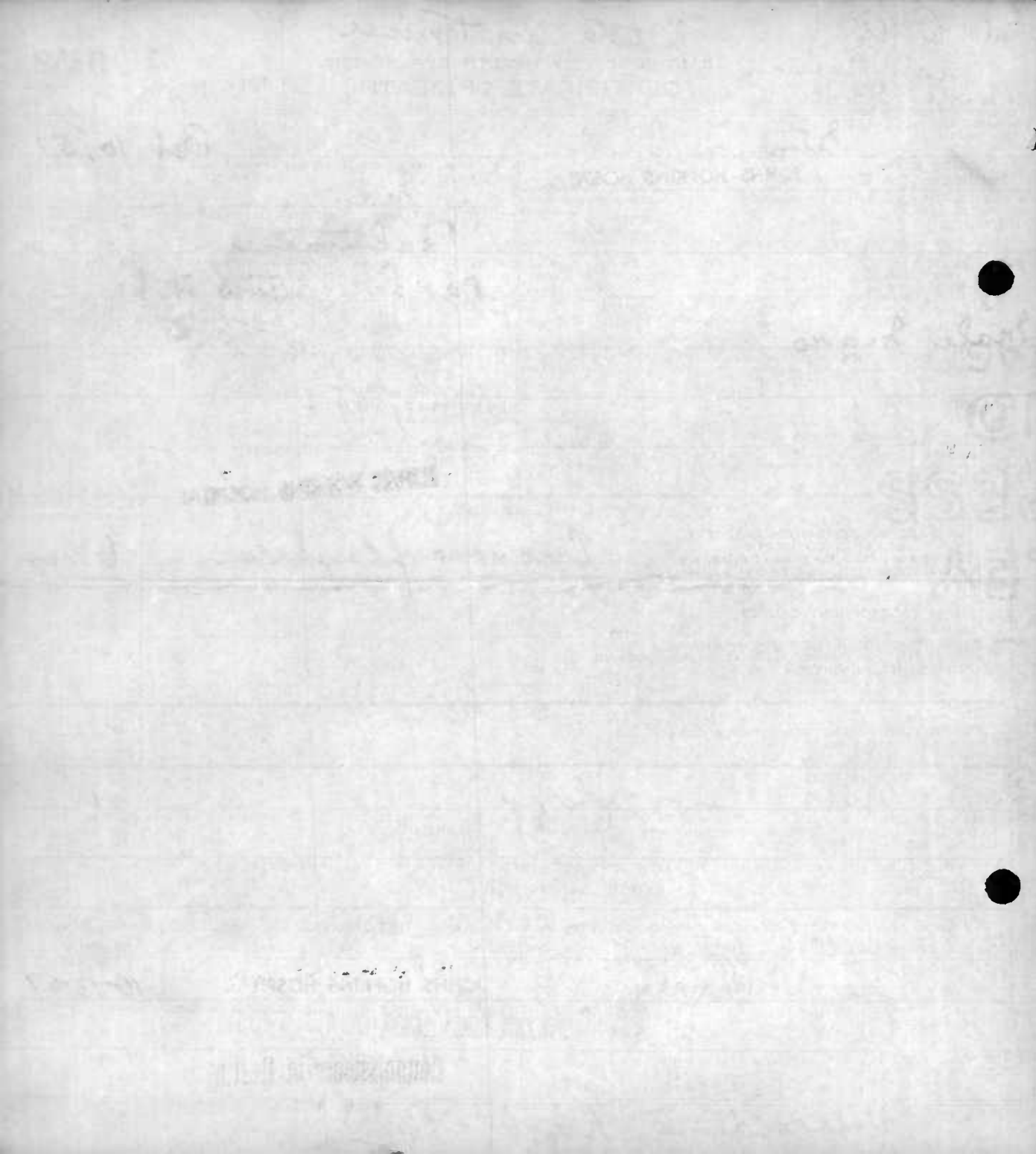
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W. B. A.  
Acc. Room.  
51 9252

State Anatomical  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9252  
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Wm. Turner</i>			2. DATE OF DEATH <i>Oct. 10, '51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>JOHNS HOPKINS HOSPITAL</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Ind.</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>33</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 5-02</i>		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>808 Schenckton St</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>negro</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>46</i>	9. AGE (In years last birthday) <i>46</i>	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>unknown</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>unknown</i>			14. MOTHER'S MAIDEN NAME <i>unknown</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		
18. <i>150X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma of Esophagus</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) (C)			CAUSE OF DEATH <i>Carcinoma of Esophagus</i> INTERVAL BETWEEN ONSET AND DEATH <i>6 mos</i>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>Aug 1951</i>		19B. MAJOR FINDINGS OF OPERATION <i>Ca Esophagus</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Oct 10 1951</i> to <i>Oct 10 1951</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>Oct 10</i> , 19 <i>51</i> , and that death occurred at <i>10-2</i> a.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Joseph G. Convey</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>10-13-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY <i>UNIVERSITY MEDICAL SCHOOL</i>	
24D. LOCATION (City, town, or county)		24E. LOCATION (City, town, or county)		24F. LOCATION (City, town, or county)	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 28 1951</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr.</i>		25. FUNERAL DIRECTOR <i>Commissioner of Health</i>	
VS 150		Released to hospital		46a	





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51 9253

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

51 9253

1. NAME OF DECEASED  
(Type or Print)

John Brown

2. DATE OF DEATH

10/11/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

South Baltimore General Hospital

C. Length of stay in Baltimore

Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1114 Oliver Street

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9. AGE (In years last birthday)

46

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Unknown

10b. KIND OF BUSINESS OR INDUSTRY

Unknown

11. BIRTHPLACE (State or foreign country)

Unknown

12. CITIZEN OF WHAT COUNTRY?

Unknown

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

Cerebral vascular accident

INTERVAL BETWEEN ONSET AND DEATH

hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) Hypertensive cardiovascular disease

(B) Arteriosclerosis heart disease

(C)

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES

NO

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 11, 1951, to Oct 11, 1951, that I last saw the deceased alive on Oct 11, 1951, and that death occurred at 2:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

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51 9254

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9254  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Ralph May</b>		2. DATE OF DEATH <b>10-5-51</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Baltimore City Hospitals</b> <b>4940 Eastern Ave.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>Hospitals</b> <b>4940 Eastern Ave., Baltimore City</b>		E. LENGTH OF STAY IN BALTIMORE <b>44yrs</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>August 2- 1873</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Stevardore</b>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>78</b>
13. FATHER'S NAME <b>Ralph</b>		11. BIRTHPLACE (State or foreign country) <b>England</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <b>Elizabeth</b>	
17. INFORMANT <b>Baltimore City Hospitals</b> <b>Records: 4940 Eastern Ave.</b>		18. CAUSE OF DEATH	

18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Chronic Asthmatic Bronchitis and Emphysema</b> DUE TO (A) ..... ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) ..... (C) ..... II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH <b>Over 1yr</b>
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19A. DATE OF OPERATION <b>10-5-51</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <b>7-9-</b> , <b>1934</b> to <b>10-5</b> , <b>1951</b> , that I last saw the deceased alive on <b>10-5-</b> , <b>1951</b> , and that death occurred at <b>8.10A m.</b> , from the causes and on the date stated above.				
23A. SIGNATURE <b>W. H. Hagen</b>		23B. ADDRESS <b>4940 Eastern Ave., Baltimore, Md.</b>		23C. DATE SIGNED <b>10-15-51</b>
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY <b>UNIVERSITY MEDICAL SCHOOL</b>	24D. LOCATION (City, town, or county) (State) <b>QCT 18 1951</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 28 1951</b>	REGISTRAR'S SIGNATURE <b>W. H. Hagen</b>	25. FUNERAL DIRECTOR <b>Commissioner of Health</b>		

STATE OF TEXAS

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51 9255

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9255

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

Jacob Omsen

2. DATE  
OF  
DEATH

Oct. 6, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

4+01

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

33

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

730 E. Pratt St.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

6-2-80

9. AGE (In years  
last birthday)

71

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

James Omsen

14. MOTHER'S MAIDEN NAME

Margaret Pick

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 59XX I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Pulmonary infection

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

Myocardial infarction

(C) DUE TO

Hypertension - Chronic nephritis

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

II

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 9-26-1951 to 10-6-1951, that I last saw the  
deceased alive on 10-6-1951, and that death occurred at 8:47 m., from the causes and on the date stated above.

23A. SIGNATURE

M. O.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

10-11-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL OCT 18 1951

DATE RECEIVED BY  
LOCAL REGISTRAR

OCT 28 1951

REGISTRAR'S SIGNATURE

Leighton C. Cluff

25. FUNERAL DIRECTOR

Commissioner of Health

ADDRESS

VS 150

State Anatomical

131a

THE UNIVERSITY OF CHICAGO  
LIBRARY

1913



420 51 9256

ND-152508

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9256  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

John Welsh

2. DATE  
OF  
DEATH

9-25-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

Baltimore City Hospitals

4940 Eastern Avenue

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

121 W. Barre St.

22-01

Length of stay in Baltimore

?

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

? ? ?

9. AGE (In years  
last birthday)

52 ?

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

?

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

?

?

14. MOTHER'S MAIDEN NAME

?

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.17. INFORMANT ADDRESS  
Records: Baltimore City Hospitals  
4940 Eastern Avenue

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Bronchogenic Carcinoma

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

2 1/2 Yrs.

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (a. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from 9-25, 1951, to 9-25, 1951, that I last saw the  
deceased alive on 9-25, 1951, and that death occurred at 7:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

4940 Eastern Avenue

10-15-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL OCT 18 1951

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Commissioner of Health



STATE OF TEXAS  
COUNTY OF DALLAS

Know all men by these presents, that \_\_\_\_\_ of the County of \_\_\_\_\_ State of \_\_\_\_\_ do hereby certify that \_\_\_\_\_ of the County of \_\_\_\_\_ State of \_\_\_\_\_ is the owner of the following described land, to-wit:

\_\_\_\_\_

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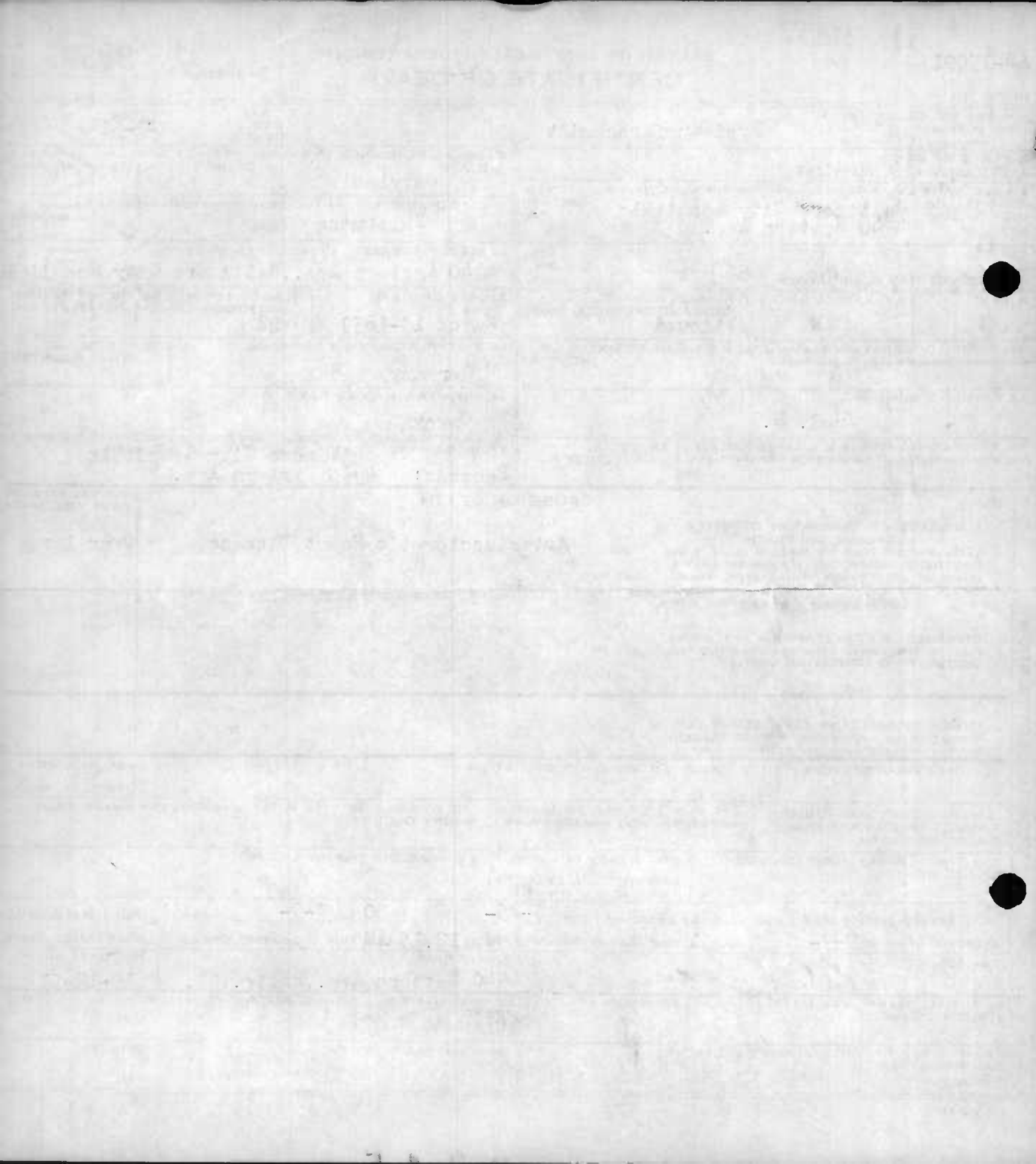
51 9257  
AB-15091

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9257

1. NAME OF DECEASED (Type or Print) <b>Fred Kupferschmidt</b>			2. DATE OF DEATH <b>9-9-51</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Baltimore City Hospitals</b> <b>4940 Eastern Ave.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
D. STREET ADDRESS (If rural, give location) <b>4940 Eastern Ave., Baltimore City Hospital</b>			E. LENGTH OF STAY IN BALTIMORE <b>86 yrs</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>March 19-1859</b>	9. AGE (In years last birthday) <b>92</b>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <b>Germany</b>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <b>Fred. H.</b>			14. MOTHER'S MAIDEN NAME <b>Carey</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>Baltimore City Hospitals</b> <b>Records: 4940 Eastern Ave.</b>					

18. <b>420.0 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Arteriosclerotic Heart Disease</b> DUE TO (A) <b>Arteriosclerotic Heart Disease</b> (B) <b>Over 1 yr.</b> (C) <b>Over 1 yr.</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Over 1 yr.</b>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>7-25-</b> , 19 <b>30</b> , to <b>9-9-</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>9-9-</b> , 19 <b>51</b> , and that death occurred at <b>12, 15 AM</b> from the causes and on the date stated above.					
23A. SIGNATURE <b>P.S. Crozen</b>	M. D. <b>4940 Eastern Ave., Balto., Md.</b>	23B. ADDRESS	23C. DATE SIGNED <b>10-12-51</b>		
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State) <b>UNIVERSITY MEDICAL SCHOOL OCT 18 1951</b>		
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 28 1951</b>	REGISTRAR'S SIGNATURE <b>Thurston Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>Commissioner of Health</b>		ADDRESS	



51 9258

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9258  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		ROGER GILMORE		October 16, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital				A. STATE Maryland	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				B. COUNTY	
Baltimore 4-02					
D. STREET ADDRESS (If rural, give location)				666 W. Saratoga Street	
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
Male		Colored			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		B. DATE OF BIRTH	
U				U	
13. FATHER'S NAME				9. AGE (In years last birthday)	
K				40?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)				12. CITIZEN OF WHAT COUNTRY?	
0					
16. SOCIAL SECURITY NO.				14. MOTHER'S MAIDEN NAME	
				O	
17. INFORMANT				ADDRESS	
N					
18. CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)					
(A) Gunshot wound of chest with massive hemothorax					
ANTECEDENT CAUSES					
(B) DUE TO					
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
		Street		Druid Hill Avenue & St. Mary Street	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
Found: 10/16/51 2:27 P. M.				Firearms	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED	
William H. Brown				Oct. 17, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
				24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR	
OCT 28 1951		William H. Brown		Commissioner of Health	
V S 151		N-8624		166	

MEDICAL CERTIFICATION

UNIVERSITY MEDICAL SCHOOL OCT 22 1951

PLANT INDUSTRY  
BUREAU OF PLANT INDUSTRY  
WASHINGTON, D. C.

PLANT INDUSTRY  
BUREAU OF PLANT INDUSTRY  
WASHINGTON, D. C.

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WASHINGTON, D. C.

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WASHINGTON, D. C.

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BUREAU OF PLANT INDUSTRY  
WASHINGTON, D. C.

PLANT INDUSTRY  
BUREAU OF PLANT INDUSTRY  
WASHINGTON, D. C.

51 9259

51 9259

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ANDREW

SHIELDS

2. DATE  
OF

DEATH October 13, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Johns Hopkins Hospital

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1112 E. Lombard Street

Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.

Male

Colored

U

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

K

14. MOTHER'S MAIDEN NAME

O

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒ASSISTANT MEDICAL EXAMINER.....☒MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

10-13-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

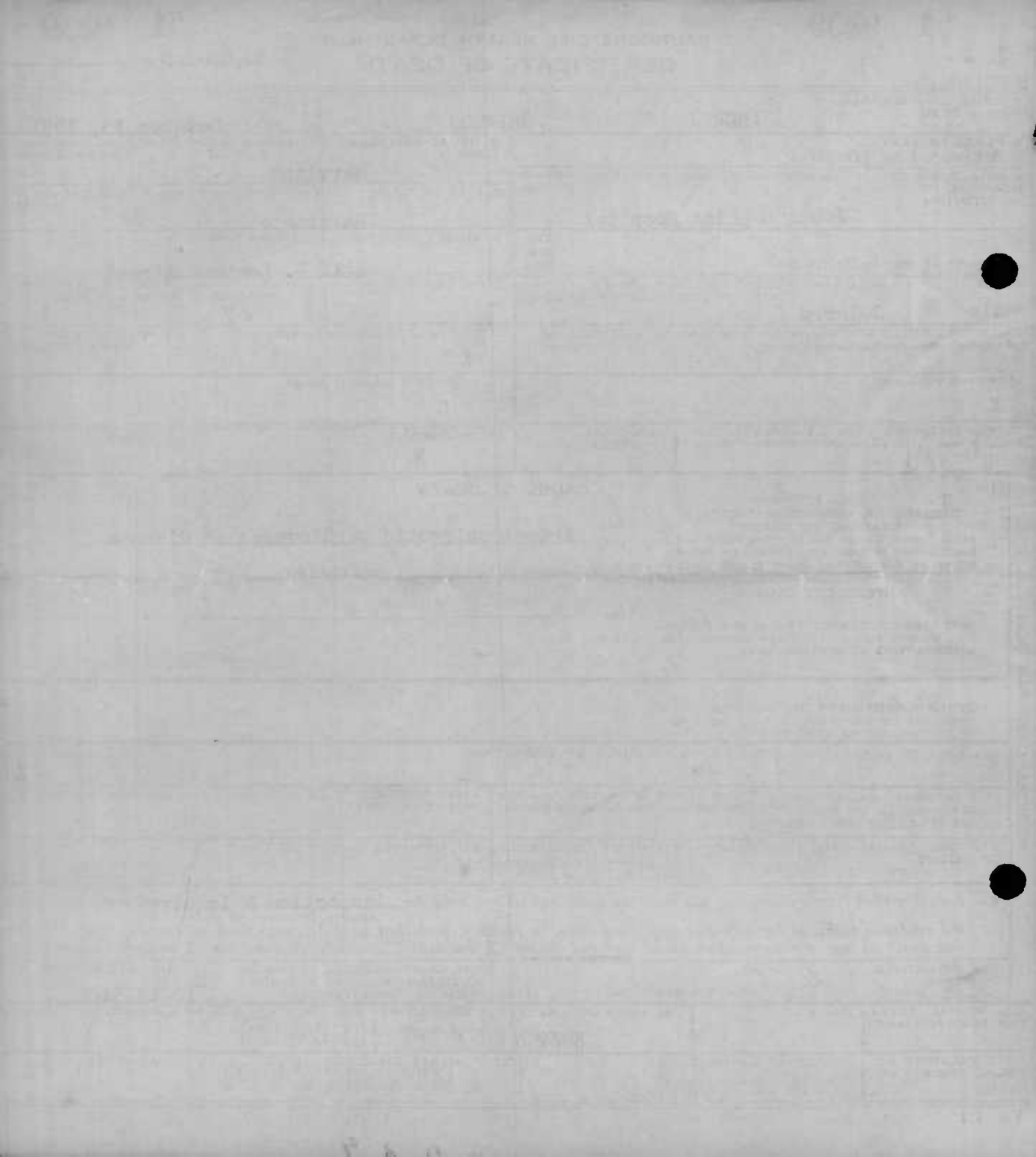
ADDRESS

VS 151

UNIVERSITY MEDICAL SCHOOL OCT 22 1951

Commissioner of Health

93D ✓





51 9260

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9260

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

HERBERT W. VAN DERHEIDEN

2. DATE OF DEATH Oct. 12, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

Mercy Hospital

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

U

9. AGE (In years last birthday)

423

10. Under 1 Year Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

N

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

K

14. MOTHER'S MAIDEN NAME

K

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

W

16. SOCIAL SECURITY NO.

17. INFORMANT

N

ADDRESS

18. N 443X

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)(A) Myocardial insufficiency due to  
hypertensive heart disease

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

*B. Fisher*

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒ ASSISTANT MEDICAL EXAMINER.....☐ MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED Oct. 13, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

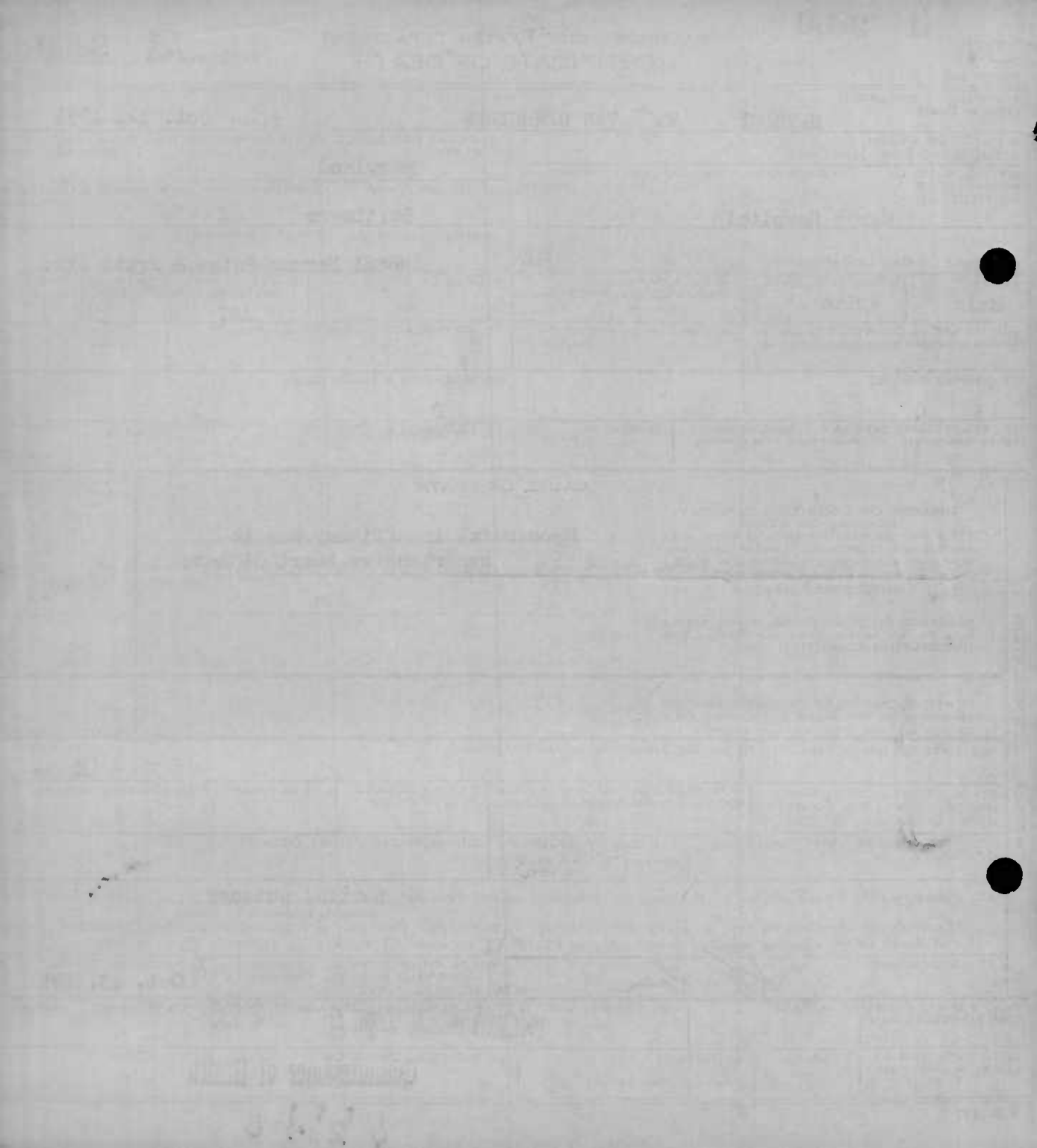
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

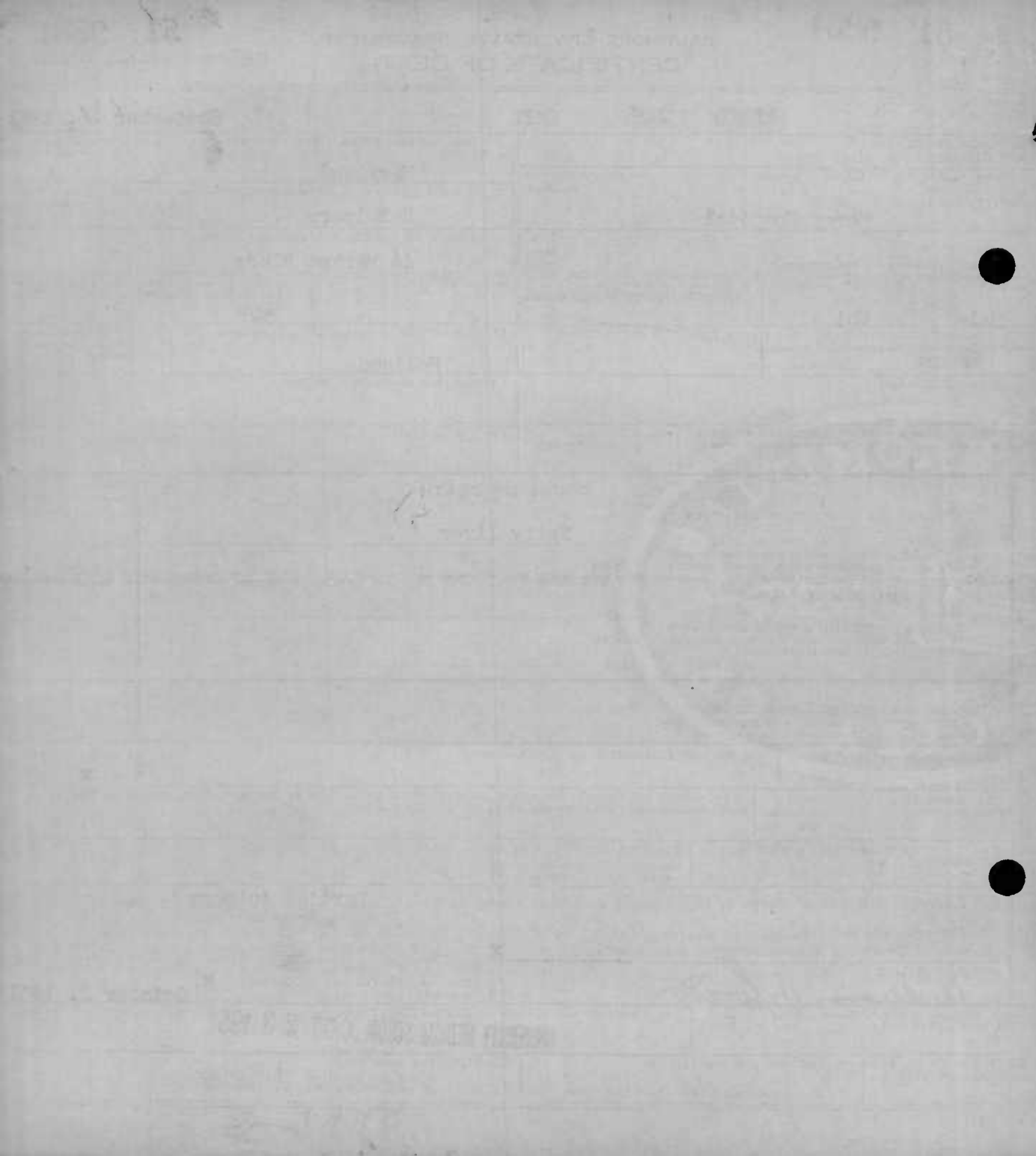
ADDRESS

VS 151

93D



530 51 9261		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		51 9261 Registered No. _____	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print)		GERARD J. JAND SMIT		2. DATE OF DEATH September 26, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		C. CITY OR TOWN Baltimore		D. STREET ADDRESS (If rural, give location) 46 Market Place	
E. Length of stay in Baltimore Yrs. Mos. Days		8. DATE OF BIRTH		9. AGE (In years last birthday) 52?	
5. SEX Male		6. COLOR OR RACE White		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seaman	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		11. BIRTHPLACE (State or foreign country) Holland		12. CITIZEN OF WHAT COUNTRY?	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		14. MOTHER'S MAIDEN NAME	
13. FATHER'S NAME		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS			
18. 581.0		CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Fatty liver		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Partial Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William J. Smith		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED October 2, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY UNIVERSITY MEDICAL SCHOOL	
24D. LOCATION (City, town, or county)		24E. DATE OF DEATH OCT 23 1951		25. FUNERAL DIRECTOR Commissioner of Health	
DATE RECEIVED BY LOCAL REGISTRAR 10/27/51		REGISTRAR'S SIGNATURE William J. Smith		ADDRESS	
VS 151 623 55 124 B					



51 9262

51 9262

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

HELEN GERTRUDE SCHULTZ

2. DATE  
OF  
DEATH

10-28-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Pennsylvania V-35

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

Hospital for the Women of Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Carbondale

D. STREET ADDRESS (If rural, give location)

304 Park Ave

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 8, 1915

9. AGE (In years  
last birthday)

36

If Under 1 Year If Under 24 Hours  
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Waymart, Pennsylvania

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Willish Schultz Carbondale, Pa.

18. 584X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Atelectasis, rt. lung

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Hydrothorax

DUE TO

(C)

Overwhelming Toxemia

Subdiaphragmatic Abscess

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

10-2-51

19B. MAJOR FINDINGS OF OPERATION

Cholecystitis &amp; cholelithiasis

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 27, 1951, to Oct. 28, 1951, that I last saw the  
deceased alive on Oct. 28, 1951, and that death occurred at 1:50 Pm., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

10-31-1951

Germyn Cemetery

Germyn, Penna.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 29 1951

William H. Williams

John A. Moran

3000 E. Balto. St.

THE  
FUND  
FOR  
THE  
FUTURE

Wm. J. Dickner & Sons will call in tomorrow

42 51 9263

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9263  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print) Emanuel Michaelson

2. DATE OF DEATH October 28, 1951

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE md. B. COUNTY Baltimore

5. FULL NAME OF HOSPITAL OR INSTITUTION JOHN HOPKINS HOSPITAL

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore

7. STREET ADDRESS (If rural, give location) 5124 Zannel Ave.

8. DATE OF BIRTH 6-10-68

9. AGE (In years last birthday) 82

10. SEX male

11. COLOR OR RACE White

12. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed

13. LENGTH OF STAY IN BALTIMORE

14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

15. KIND OF BUSINESS OR INDUSTRY

16. FATHER'S NAME

17. MOTHER'S MAIDEN NAME

18. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

19. SOCIAL SECURITY NO.

20. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL

21. CAUSE OF DEATH  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
Carcinoma, gastric, metastatic  
DUE TO  
ANTECEDENT CAUSES  
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  
DUE TO  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

22. DATE OF OPERATION None

23. MAJOR FINDINGS OF OPERATION

24. AUTOPSY? YES ☐ NO ☒

25. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

26. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

27. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

28. TIME (Month) (Day) (Year) (Hour) INJURY

29. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

30. HOW DID INJURY OCCUR?

31. I hereby certify that I attended the deceased from 10-26, 1951, to 10-28, 1951, that I last saw the deceased alive on 10-28, 1951, and that death occurred at 6:15 p.m., from the causes and on the date stated above.

32. SIGNATURE John Burroughs M. D.

33. ADDRESS JOHNS HOPKINS HOSPITAL

34. DATE SIGNED 10-28-51

35. BURIAL CREMATION, REMOVAL (Specify)

36. DATE

37. NAME OF CEMETERY OR CREMATORY

38. LOCATION (City, town, or county) (State) Wash. D. C.

39. DATE RECEIVED BY LOCAL REGISTRAR OCT 29 1951

40. REGISTRAR'S SIGNATURE Wm. J. Dickner & Sons

41. FUNERAL DIRECTOR ADDRESS Wm. J. Dickner & Sons

VS 150

46B



Ja. 4321

11/11/11

11/11/11

51 9264

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9264  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Anna Amelia Fuhrer		2. DATE OF DEATH Oct. 25, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 1835 Frederick Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 19-04			
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1835 Frederick Ave.			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept. 24, 1883	9. AGE (In years last birthday) 68	10. Under 1 Year Months: 1 Days: 1
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Duties		10B. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Elias Fuhrer			14. MOTHER'S MAIDEN NAME Catherine Backel		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT ADDRESS Mrs Edith Browning 1835 Frederick		

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH Cardiac Decompensation Hypertension Arterial Sclerosis		INTERVAL BETWEEN ONSET AND DEATH 1 year
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO		
		(B) DUE TO		
		(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 10, 1951, to Oct 25, 1951, that I last saw the deceased alive on 10/24, 1951, and that death occurred at 7:30 A.M., from the causes and on the date stated above.					
23A. SIGNATURE Chas A. Kahn		23B. ADDRESS 2145 W. Baltimore St.		23C. DATE SIGNED 10/26-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 10/29/51	24C. NAME OF CEMETERY OR CREMATORY Baltimore	24D. LOCATION (City, town, or county) (State) Baltimore		
DATE RECEIVED BY LOCAL REGISTRAR Oct 29 1951		REGISTRAR'S SIGNATURE Wilmington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Fred. A. Cole 1913 W. Baltimore St.	

WALTER

BOND

RODNEY

*Charles Thompson*  
*Wm. Thompson*  
*Edward Thompson*

*Wm. Thompson*  
*Charles Thompson*  
*Edward Thompson*

220

51 9265

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9265  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Leon Misuk

2. DATE  
OF  
DEATH

10-25-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Batto.

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

University Hoop.

Yrs.  
Mos.  
Days

Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

1887

9. AGE (In years  
last birthday)

64

10 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

Sailor

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Nicholas

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

214-03-5407

17. INFORMANT

ADDRESS

Mrs. Oksenia Misuk 1210 S. Lyndon Ave

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) ...  
DUE TO

Heart Block &amp; Failure

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) ...  
DUE TO

Rheumatic Heart Disease

(C) ...

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from 10-23, 1951, to 10-25, 1951, that I last saw the  
deceased alive on 10-25, 1951, and that death occurred at 9:05 P.m., from the causes and on the date stated above.

23A. SIGNATURE

E. L. Wolsen

M. D.

23B. ADDRESS

University Hoop

23C. DATE SIGNED

10-25-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

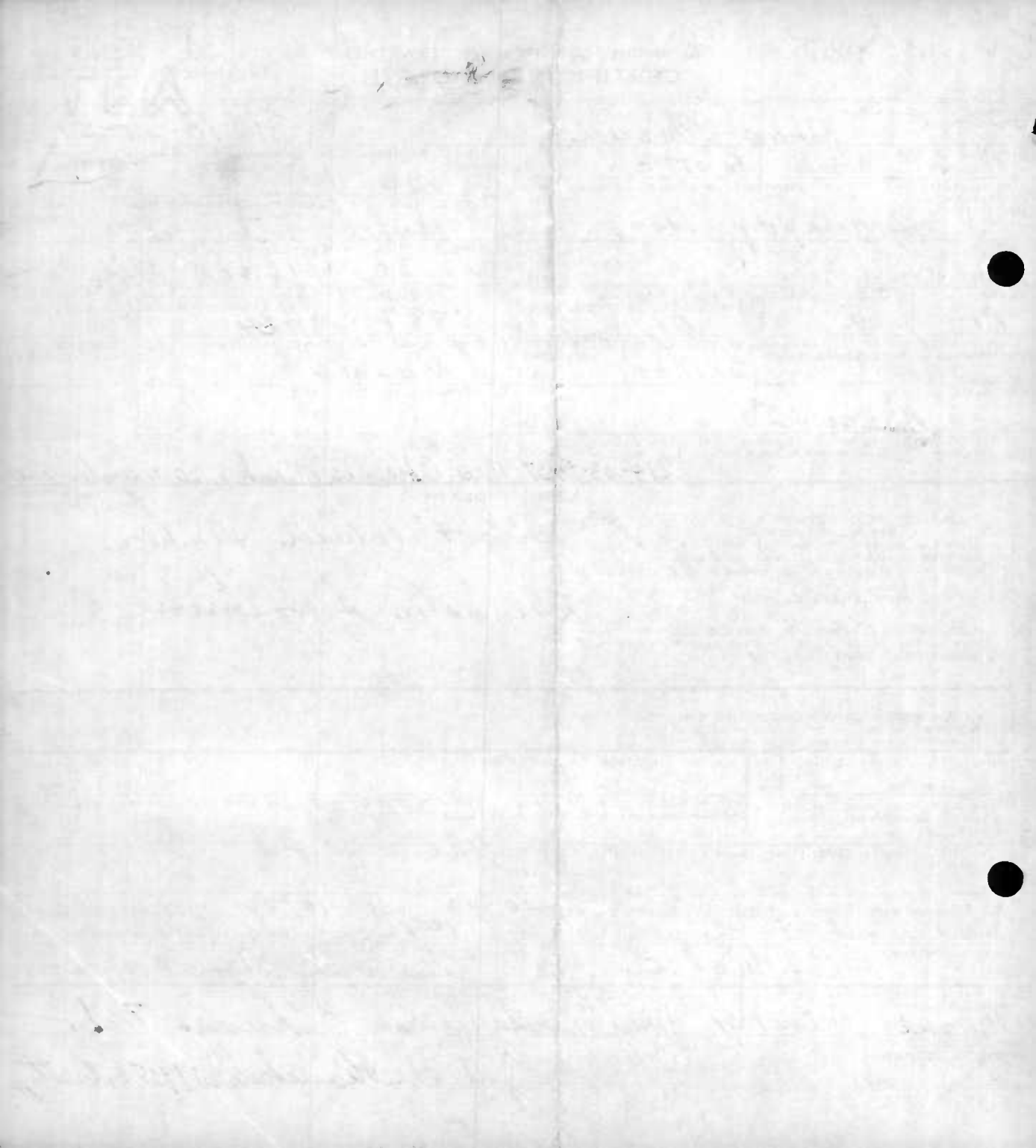
25. FUNERAL DIRECTOR

ADDRESS

OCT 29 1951

Wilmington, Delaware

J. A. Grebhuschka, Jr. 1915 E. Pratt St.



622051 9266

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9266  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Jose Varquez (Vazquez)</i>		2. DATE OF DEATH <i>Oct. 26, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Med. Bldg.</i>		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>MD</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 302</i>			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>822 C. Pratt St</i>			
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>3-19-98</i>	9. AGE (In years last birthday) <i>53</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <i>Short Order Cook</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Procadier Club</i>		11. BIRTHPLACE (State or foreign country) <i>Spain</i>	
13. FATHER'S NAME <i>Frank Varquez</i>		14. MOTHER'S MAIDEN NAME <i>Jesus Lopez</i>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>	

18. <i>581.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH <i>Laennec's cirrhosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>6 months</i>	
ANTECEDENT CAUSES		(A) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10/20</i> , 19 <i>51</i> , to <i>10/26</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>10/26</i> , 19 <i>51</i> , and that death occurred at <i>5</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Leighton E. Cluff</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>10-26-51</i>	
24A. BURIAL CREMATION, REMOVAL (Specify)		24B. DATE <i>10/29/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>St. Peter</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>		24E. NAME OF CEMETERY OR CREMATORY <i>St. Peter</i>		24F. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 29 1951</i>		REGISTRAR'S SIGNATURE <i>Leighton E. Cluff</i>		25. FUNERAL DIRECTOR <i>Wm. Cook Inc. 1217 St. Paul St.</i>	



WATLEY  
COMBES  
BOND  
OVER



425  
51 9267BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9267

Registered No. \_\_\_\_\_

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Lena M. Nelson</i>		2. DATE OF DEATH <i>Oct 27, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Mo 92</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>11-02</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>15 W. Madison St.</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>4-28-1893</i>	9. AGE (in years last birthday) <i>58</i>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Registered Nurse</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Norway</i>	
13. FATHER'S NAME <i>Nelson</i>		14. MOTHER'S MAIDEN NAME <i>Oliver Olson</i>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	

18. <i>420.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Myocardial Infarction</i> DUE TO ANTECEDENT CAUSES <i>Arteriosclerotic Heart Disease</i> DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH <i>Myocardial Infarction</i> <i>Arteriosclerotic Heart Disease</i> <i>—</i>	INTERVAL BETWEEN ONSET AND DEATH
---	---	----------------------------------

19A. DATE OF OPERATION <i>10-27-51</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. DEATH WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10-27-1951</i> , to <i>10-27-1951</i> that I last saw the deceased alive on <i>10-27-1951</i> , and that death occurred at <i>2:00 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>R. E. Wells</i> M. D.		23B. ADDRESS <i>141st</i>		23C. DATE SIGNED <i>10-27-51</i>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Cremation</i>	24B. DATE <i>10/30/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Green Mount</i>	24D. LOCATION (City, town, or county) (State) <i>Bal to Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>10-30-51</i>		REGISTRAR'S SIGNATURE <i>J. Williams, Jr.</i>	25. FUNERAL DIRECTOR ADDRESS <i>Wm Bok Inc. 1217 St. Paul St</i>



51 9268

51 9268

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>ABRAHAM SCHLAFFER</b>		2. DATE OF DEATH <b>10-28-51</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md</b> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>2609 Quantico Ave</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 15.13</b>	
C. Length of stay in Baltimore <b>29</b> Yrs. <b>29</b> Mos. <b>29</b> Days		D. STREET ADDRESS (If rural, give location) <b>2609 Quantico Ave</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>85</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Collector</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>School</b>	11. BIRTHPLACE (State or foreign country) <b>Russia</b>
13. FATHER'S NAME <b>Samuel</b>		14. MOTHER'S MAIDEN NAME <b>Rosa</b> ✓	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT <b>Samuel Levine - June</b> ADDRESS _____	

18. <b>331X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary</b> <b>16 emort hax</b> <b>Pneumonia</b>	CAUSE OF DEATH (A) <b>Coronary</b> DUE TO <b>16 emort hax</b> (B) <b>Pneumonia</b> DUE TO _____ (C) _____	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>10-29-51</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Jan 1905</b> , to <b>10/28/51</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>10/28/51</b> , and that death occurred at <b>8:57</b> m., from the causes and on the date stated above.					
23A. SIGNATURE <b>W. Kohde</b>		23B. ADDRESS <b>2225 Linden Ave</b>		23C. DATE SIGNED <b>10/29/51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10-29-51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Rosedale</b>	
24D. LOCATION (City, town, or county) <b>Balto</b>		24E. STATE <b>Md</b>		24F. COUNTY _____	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <b>W. Kohde</b>		25. FUNERAL DIRECTOR <b>Jack Lewis</b> ADDRESS <b>2100 Eutaw Pl</b>	

Checked  
2225 Linden Ave  
La 3226

51 9269

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9269  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

CHARLES MILTON WEST

2. DATE  
OF  
DEATH

Oct. 26, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR U.S. Public Health Service location)  
INSTITUTION Hospital

Wyman Pk. Drive &amp; 31st St.

C. Length of stay in Baltimore

1

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

8-01.

D. STREET ADDRESS (If rural, give location)

3315 Elmney Avenue

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

10/13/78

9. AGE (In years  
last birthday)

73

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Retired salesman

10B. KIND OF BUSINESS OR  
INDUSTRY

PAINTERS

11. BIRTHPLACE (State or foreign country)

Pa.

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Oscar West

14. MOTHER'S MAIDEN NAME

Rebecca Dorn

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown)

Yes SAW

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

213-05-7419

17. INFORMANT

ADDRESS

Records- US PHS Hospital Records-Balto, Md.

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Carcinoma, anaplastic, urinary  
bladder

Over 2 yrs

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

Arteriosclerosis, generalized

Unknown

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 22, 1951 to Oct. 26, 1951, that I last saw the  
deceased alive on Oct. 26, 1951, and that death occurred at 2:10 P.M., from the causes and on the date stated above.

23A. SIGNATURE

John L. Wilson, Medical Director

M. D.

23B. ADDRESS

US PHS HOSPITAL, BALTO, MD.

23C. DATE SIGNED

10/26/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

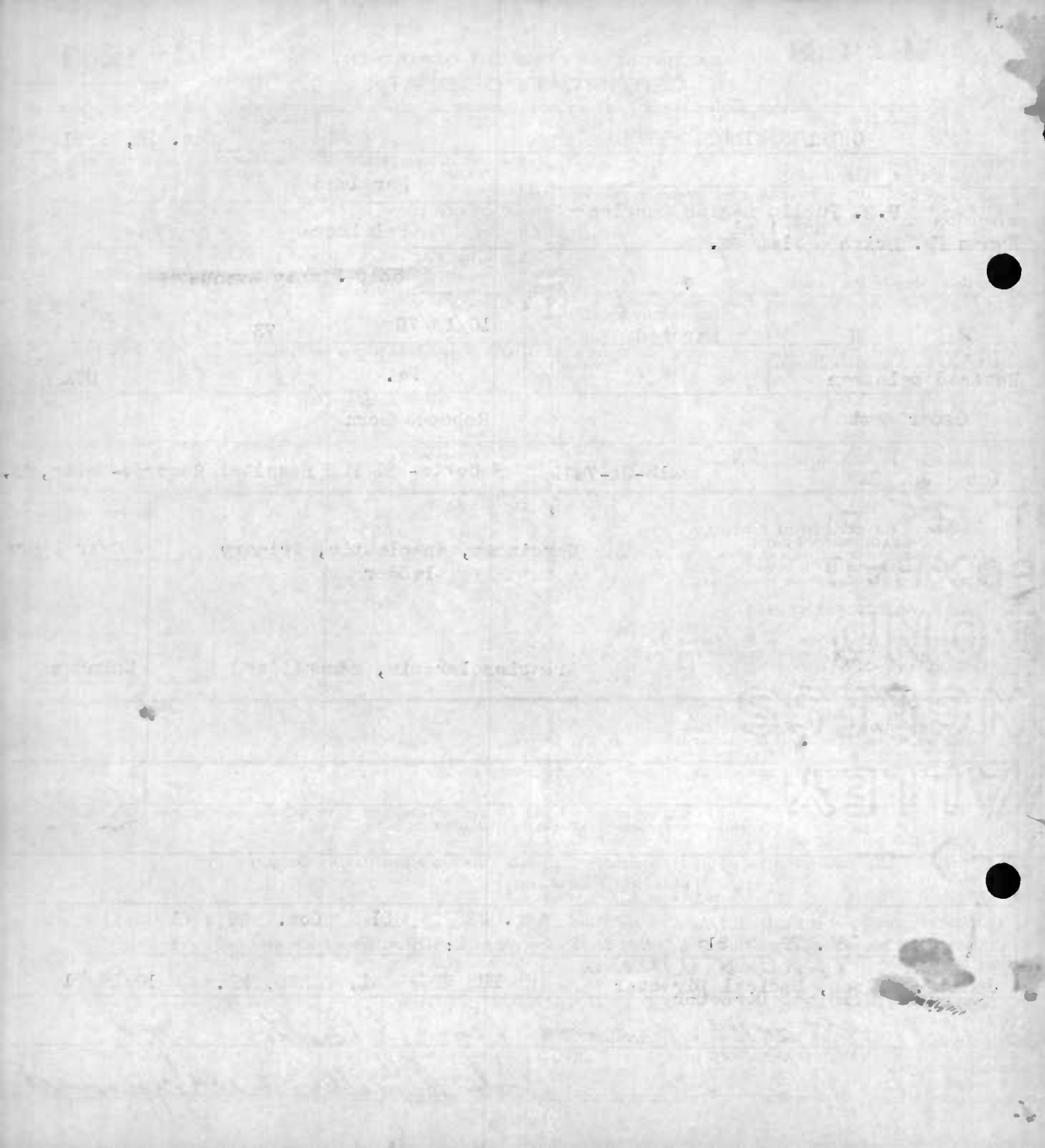
(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS





51 9270

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9270

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ELIZABETH A. WEIGMAN

2. DATE  
OF  
DEATH

OCT 27-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland 761 CARROLL ST

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE B. COUNTY 21-01.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE MD

D. STREET ADDRESS (If rural, give location)  
761 CARROLL ST

C. Length of stay in Baltimore LIFE TIME

5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

FEMALE WHITE MARRIED

8. DATE OF BIRTH 9. AGE (In years last birthday) 10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

JUNE 20 1885 66

10A. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)

HOUSE WIFE

11. BIRTHPLACE (State or foreign country)

BALTO MD

12. CITIZEN OF WHAT COUNTRY?

US

13. FATHER'S NAME

JOHN BEISLER

14. MOTHER'S MAIDEN NAME

NOT KNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

214-01-8271

17. INFORMANT ADDRESS

GEO F WEIGMAN 761 CARROLL ST

18. 171X CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Extreme emotion

INTERVAL BETWEEN ONSET AND DEATH

2-3 hr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Metastatic Carcinoma (Liver)

6-8 hr

(C)

Adenocarcinoma of Cervix

2 yr.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1946, 19, to 10-27-51, 19, that I last saw the deceased alive on 10-19-51, and that death occurred at 4:05 PM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL OCT. 30-51

LOUDON PARK CEM

BALTO MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

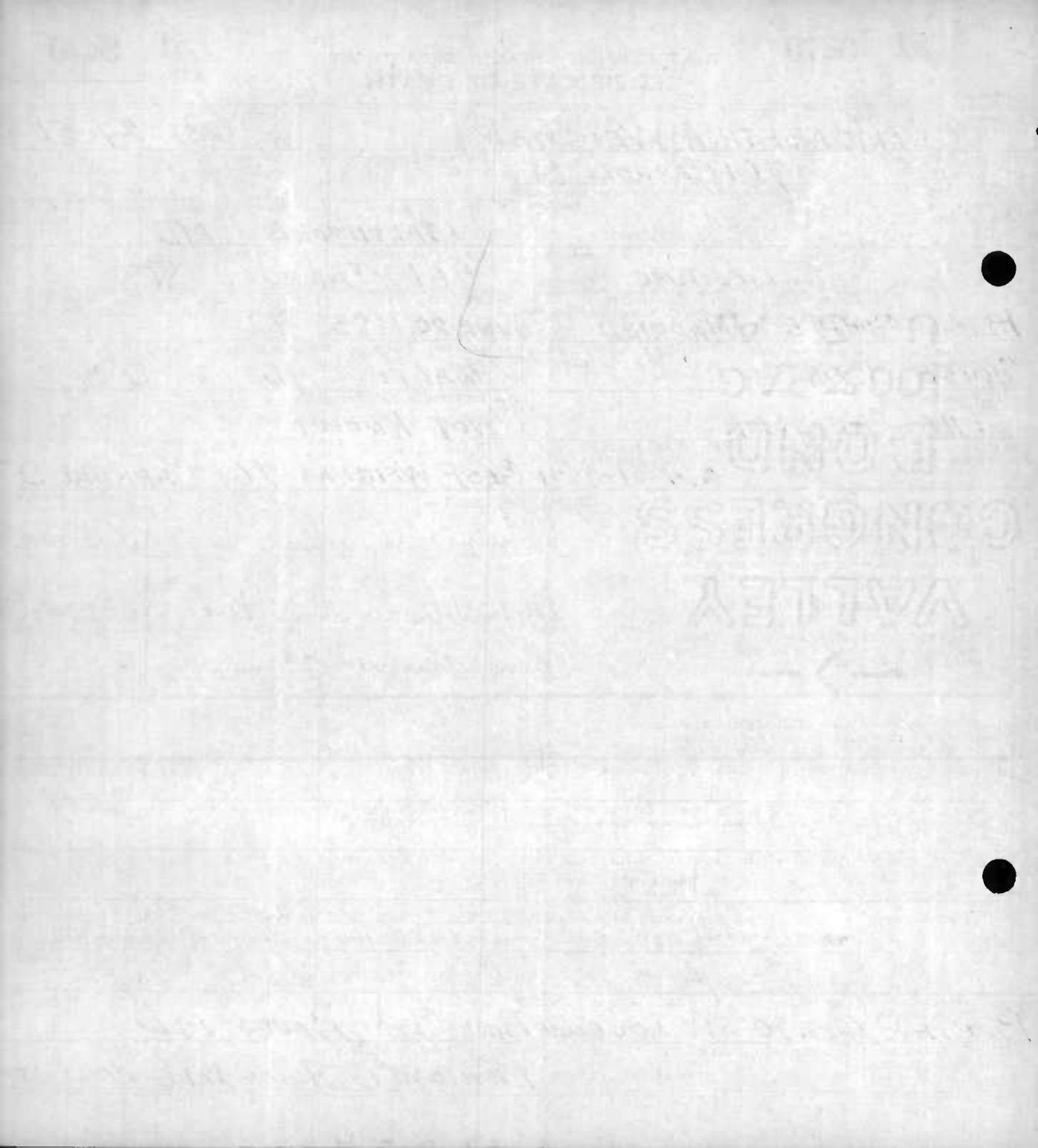
ADDRESS

OCT 29 1951

Baltimore, Md.

Bernard G. Harle 121 E West St





C-452  
51 9271BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

51 9271

BIRTH NO.

1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
Wilhelmina C. Collins			Oct 27 1951		
3. PLACE OF DEATH: a. Baltimore City, Maryland 4512 Springdale Ave			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY		
b. FULL NAME OF HOSPITAL OR INSTITUTION			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 28-026		
c. Length of stay in Baltimore			d. STREET ADDRESS (If rural, give location) 4512 Springdale Ave		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday)	10. Under 1 Year Months: Days
Female	White	Married	Feb 19 1881	70	11. Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country)		
Housewife			Baltimore Md		
13. FATHER'S NAME			12. CITIZEN OF WHAT COUNTRY?		
William Heimiller			14. MOTHER'S MAIDEN NAME		
			Wilhelmina Bremner		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.		
17. INFORMANT			ADDRESS		
			Dora Heimiller 4512 Springdale Ave		

18. 470.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO	CRONARY THROMBOSIS	7 DAYS
ANTECEDENT CAUSES	(B) CRONARY ARTERIO SCLEROSIS	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct-27, 1951, to Oct-27, 1951 that I last saw the deceased alive on Oct-27, 1951 and that death occurred at 7 A. M., from the causes and on the date stated above.					
23A. SIGNATURE Stuart D. Spry		23B. ADDRESS 201 East 38th St.		23C. DATE SIGNED 10/27/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Oct 30 1951		24C. NAME OF CEMETERY OR CREMATORY Lorraine	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE William Williams		24D. LOCATION (City, town, or county) (State) Woodlawn Md	
OCT 29 1951		25. FUNERAL DIRECTOR Harold [unclear]		ADDRESS 204 Ridgewood Ave	

Secondary  
201 2133-1

320 51 9272

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9272  
Registered No.

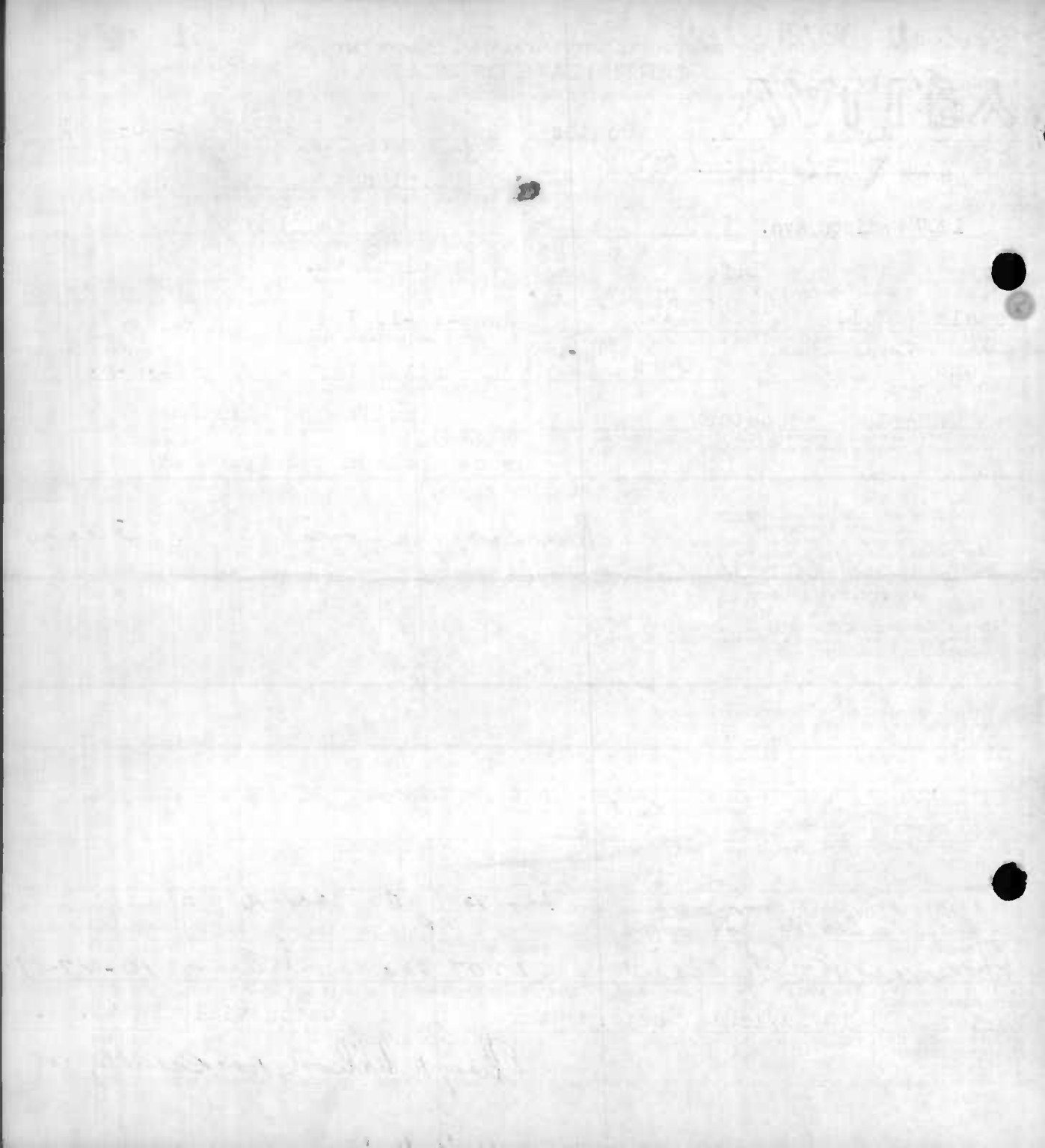
BIRTH NO. 51-13374

1. NAME OF DECEASED (Type or Print) <b>Joyce C. Coates</b>			2. DATE OF DEATH <b>Oct-26-1951</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Balto. City</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>BALTO.</b> C. CITY OR TOWN <b>Baltimore</b> (If outside corporate limits, write RURAL and give township) <b>RURAL</b>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>1207 Madison Ave.</b>			D. STREET ADDRESS (If rural, give location) <b>4 Shipley Ave.</b>		
5. SEX <b>Female</b>			6. COLOR OR RACE <b>Col.</b>		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>			8. DATE OF BIRTH <b>June-16-1951</b>		
9. AGE (In years last birthday) <b>4</b>			10. Under 1 Year Months: <b>4</b> Days: <b>10</b>		
11. Under 24 Hours Hours: <b>4</b> Min. <b>10</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>None</b>		
13. FATHER'S NAME <b>Charles Coates</b>			14. MOTHER'S MAIDEN NAME <b>Pauline Williams</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>Grace Jackson</b>			ADDRESS <b>4 Shipley Ave</b>		

18. <b>491X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CAUSE OF DEATH</b> (A) <b>Pneumonia</b> DUE TO (B) _____ DUE TO (C) _____ INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Dec 23</b> , 19 <b>51</b> , to <b>Dec 26</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>Dec 26</b> , 19 <b>51</b> , and that death occurred at <b>2P</b> m., from the causes and on the date stated above.					
22A. SIGNATURE <b>James R. Julian</b>		22B. ADDRESS <b>1207 Madison Ave</b>		22C. DATE SIGNED <b>10-27-51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10/29/1951</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Western Star</b>	
24D. LOCATION (City, town, or county) (State) <b>Catonsville Balto. Md.</b>					

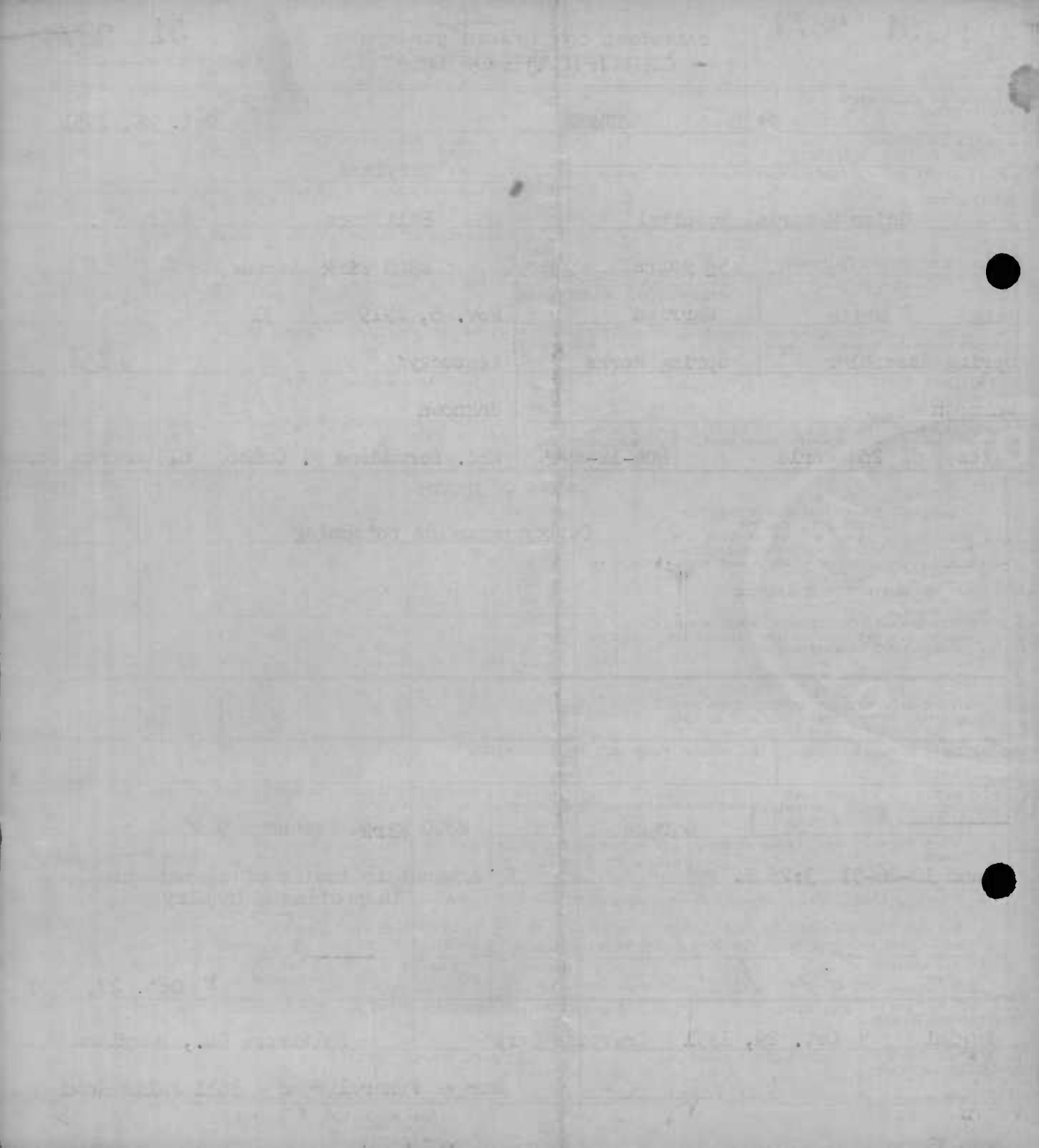
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 29 1951</b>		REGISTRAR'S SIGNATURE <b>Thayer D. Wilson</b>		25. FUNERAL DIRECTOR <b>Thayer D. Wilson</b>	
		ADDRESS <b>1000 Beantley rd</b>			



-51051 9273

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9273  
Registered No.

BIRTH NO.		PAUL CUMBO		2. DATE OF DEATH Oct. 26, 1951	
1. NAME OF DECEASED (Type or Print)				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
A. Baltimore City, Maryland				A. STATE Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location)				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
Union Memorial Hospital				Baltimore	
Length of stay in Baltimore 5 1/2 years				D. STREET ADDRESS (If rural, give location)	
Yrs. Mos. Days				2800 Kirk Avenue a.k.	
5. SEX Male		6. COLOR OR RACE White		8. DATE OF BIRTH Nov. 6, 1919	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		9. AGE (In years last birthday) 31	
Spring Assembler		10B. KIND OF BUSINESS OR INDUSTRY Spring Works		11. BIRTHPLACE (State or foreign country) Kentucky	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown		12. CITIZEN OF WHAT COUNTRY? U S A	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. 404-12-6985		17. INFORMANT Mrs. Bernadene F. Cumbo	
2nd World		ADDRESS 613 Lennox Street			
18. E973.1 I CAUSE OF DEATH				INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				(A) Carbon monoxide poisoning	
ANTECEDENT CAUSES				(B) DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				(C) DUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 10-26-51		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Garage		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 2800 Kirk Avenue a.k.	
21D. TIME (Month) (Day) (Year) (Hour) of INJURY and 10-26-51 3:25 P. m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Hose from auto exhaust to inside of closed auto	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input checked="" type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley F. Dunscheer M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR		23C. DATE SIGNED Oct. 27, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Oct. 29, 1951		24C. NAME OF CEMETERY OR CREMATORY Lorraine Park	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24D. LOCATION (City, town, or county) Baltimore Co., Maryland	
VS 151		69033		25. FUNERAL DIRECTOR ADDRESS Burgee Funeral Home 3631 Falls Road	
N-968.0		Horace F. Burgee		163M	





1620 51 9274

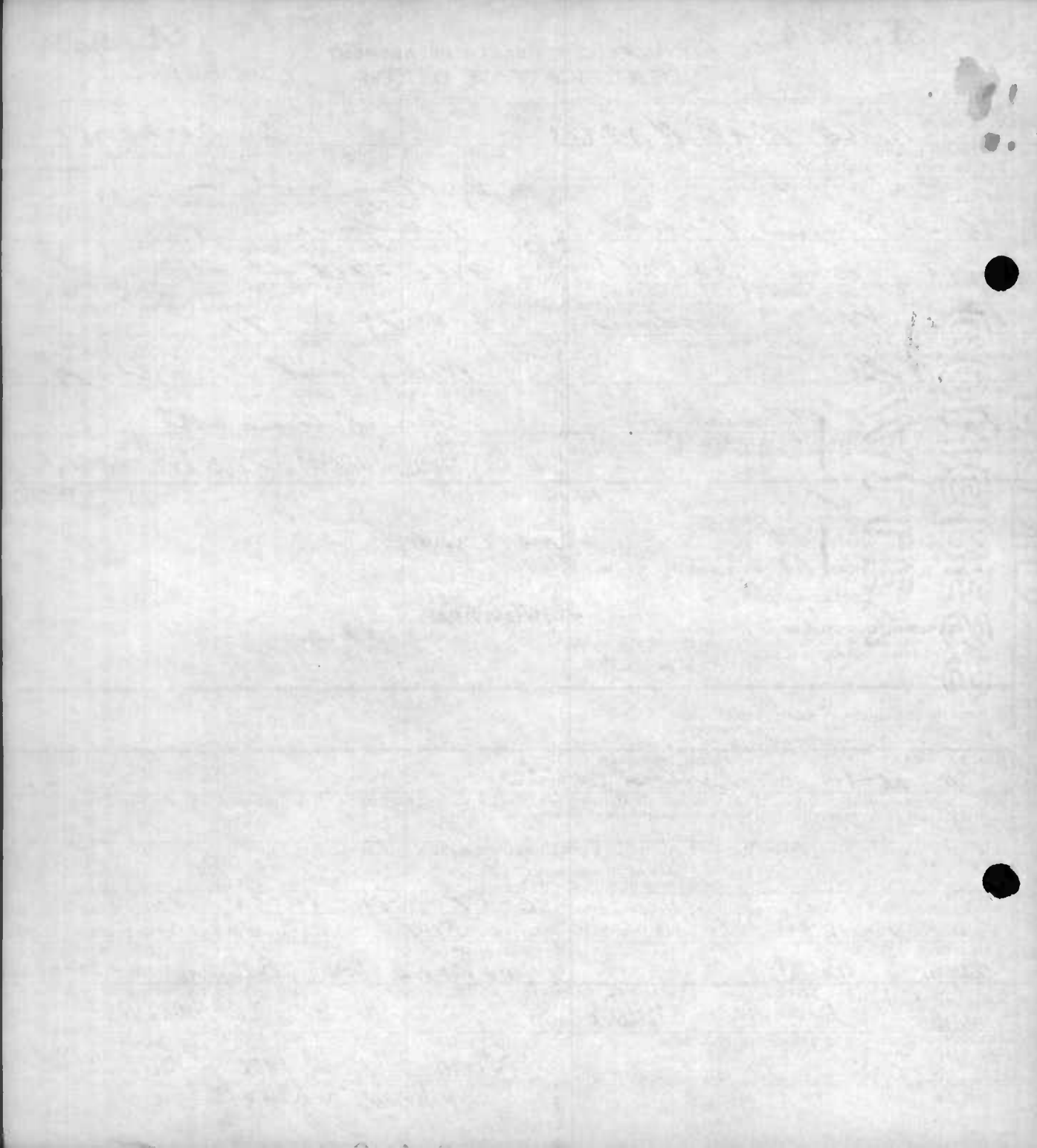
51 9274

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. _____		2. DATE OF DEATH <b>10-26-51</b>	
1. NAME OF DECEASED (Type or Print) <b>ALICE MAY HARRIS</b>			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <b>Union Memorial Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>341 E 27th St 18</b>			
5. LENGTH OF STAY IN BALTIMORE <b>40 years</b>			
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>4-5-74</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>77</b>
13. FATHER'S NAME <b>Thomas Peterson</b>		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		14. MOTHER'S MAIDEN NAME <b>Barack Ginnally</b>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT <b>Mrs. Rose Meyers</b> ADDRESS <b>2723 Farnham Rd</b>	
18. CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>(A) Hypoid crisis</b> DUE TO _____			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>(B) Thyrotoxicosis</b> DUE TO _____			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>10-26-51</b>		19B. MAJOR FINDINGS OF OPERATION <b>Colloid goiter</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>10-17</b> , 19 <b>51</b> , to <b>10-26</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>10-26</b> , 19 <b>51</b> , and that death occurred at <b>7:40 p.m.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>Claude E. Parish</b>		23B. ADDRESS M. D. <b>Union Memorial Hosp. Baltimore</b>	
23C. DATE SIGNED <b>10-27-51</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Oct. 30-1951</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Leisters</b>		24D. LOCATION (City, town, or county) (State) <b>Carroll Co. Maryland</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 29 1951</b>		REGISTRAR'S SIGNATURE <b>Washington Williams</b>	
25. FUNERAL DIRECTOR <b>Burgee Funeral Home</b>		ADDRESS <b>3601 Falk Road</b> <b>Horace F. Burgee</b>	

MEDICAL CERTIFICATION



M-3520  
51 9275

BALTIMORE CITY HEALTH DEPARTMENT

51 9275

## CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

George Matthews

2. DATE  
OF  
DEATH

10-26-57

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

Yes.  
Mos.  
Days

Length of stay in Baltimore

2

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE (MARRIED)  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

May 28, 1910

9. AGE (In years  
last birthday)

41

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10a. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR  
INDUSTRY

contractor

11. BIRTHPLACE (State or foreign country)

Glenview, Md.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

Louisa Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

unknown

17. INFORMANT

Alfred Matthews

ADDRESS

Glenview, Md.

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Carcinoma of lung

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21a. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21b. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-19, 1957, to 10-27, 1957, that I last saw the  
deceased alive on 10-26, 1957, and that death occurred at 2:54 a.m., from the causes and on the date stated above.

23a. SIGNATURE

F. J. Borges

M. D.

23b. ADDRESS

University Hospital

23c. DATE SIGNED

10-29-57

24a. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24b. DATE

10/30/57

24c. NAME OF CEMETERY OR CREMATORY

St. Luke's

24d. LOCATION (City, town, or county)

Hesford, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. J. Williams, Jr.

25. FUNERAL DIRECTOR

Wm. J. Chatman Jr.

ADDRESS

1701 M. G. C. St.  
Baltimore, Md.

NOTES

1/10/1918

1/10/1918

1/10/1918

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1/10/1918

51 9276

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9276  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Laura V. Thompson

2. DATE  
OF  
DEATH

Oct. 26/1957

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE

Md

B. COUNTY

before admission)

5. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

1014 W. Lafayette Ave

C. CITY OR TOWN

Balt

(If outside corporate limits, write RURAL and give township)

16-C1

D. STREET ADDRESS (If rural, give location)

1014 W. Lafayette Ave

6. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

Nov-18-1876

9. AGE (in years  
last birthday)

74

11 Under 1 Year

11 8

11 Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

At home

11. BIRTHPLACE (State or foreign country)

Balt. Md.

12. CITIZEN OF  
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Andrew Thompson

14. MOTHER'S MAIDEN NAME

Rebecca Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Ethel Thompson - 1014 W. Laf.

18. 421.0

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Mitral Insufficiency

DUE TO

INTERVAL BETWEEN  
ONSET AND DEATH

72 days

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Arterio-sclerosis.

DUE TO

?

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from 8-15-1951 to 10-26-1957 that I last saw the  
deceased alive on 10-26-1957 and that death occurred at 8.45 P. M., from the causes and on the date stated above.

23A. SIGNATURE

C. F. Maloney

M. O.

23B. ADDRESS

57 Winter Lane - 28-

23C. DATE SIGNED

10-27-57

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

Oct. 30-1957

24C. NAME OF CEMETERY OR CREMATORY

Catholic Mem. Park

24D. LOCATION (City, town, or county)

Balt. Co.

(State)

Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

for Will

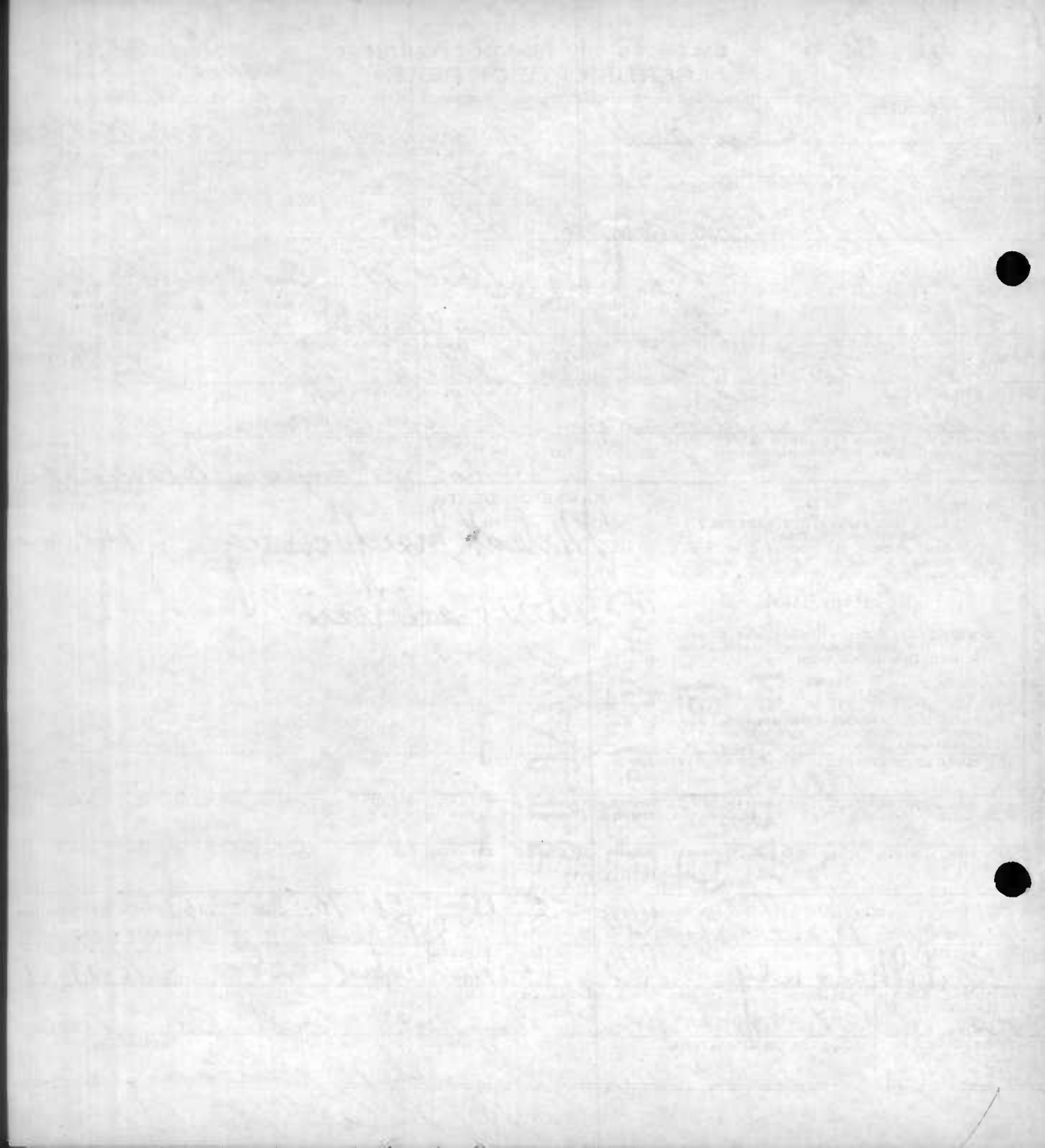
25. FUNERAL DIRECTOR

ADDRESS

Samuel W. Sullivan, Jr

OCT 29 1957

1011 W. Calington Ave 92B





R-600  
51 9277BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9277  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

NELLIE REUWER

2. DATE  
OF  
DEATH

10-28-57

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

South Balto. Gen. Hospital

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

7-18-1878

9. AGE (in years  
last birthday)

73

If Under 1 Year  
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

at home

13. FATHER'S NAME

John Boyd

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF  
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Katherine Simpson

17. INFORMANT

ADDRESS

Mr. George T. Reuwer - 722 Linnard St.

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Interio-sclerotic Heart  
Pneumonia

DUE TO

## ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Hypertension; Pericarditis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-27-1957 to 10-28, 1957, that I last saw the deceased alive on 10-27, 1957, and that death occurred at 6:20 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Dr. C. V. Dennis

M. D.

23B. ADDRESS

1213 Linnard St

23C. DATE SIGNED

10-28-57

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/31/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Eustington Williams, Jr.

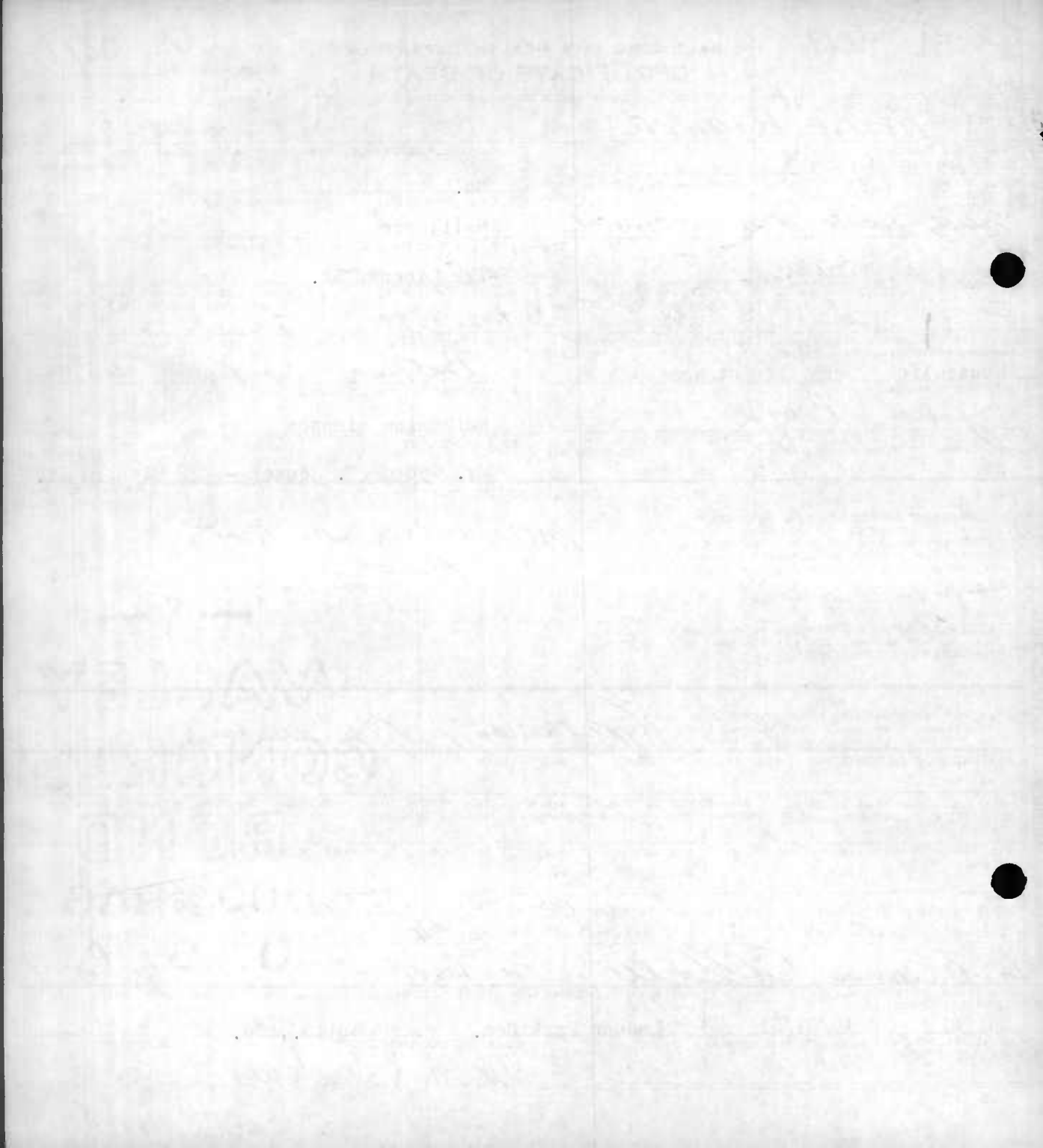
25. FUNERAL DIRECTOR

E. M. J. Tucker &amp; Sons

ADDRESS

93D Balto., Md.

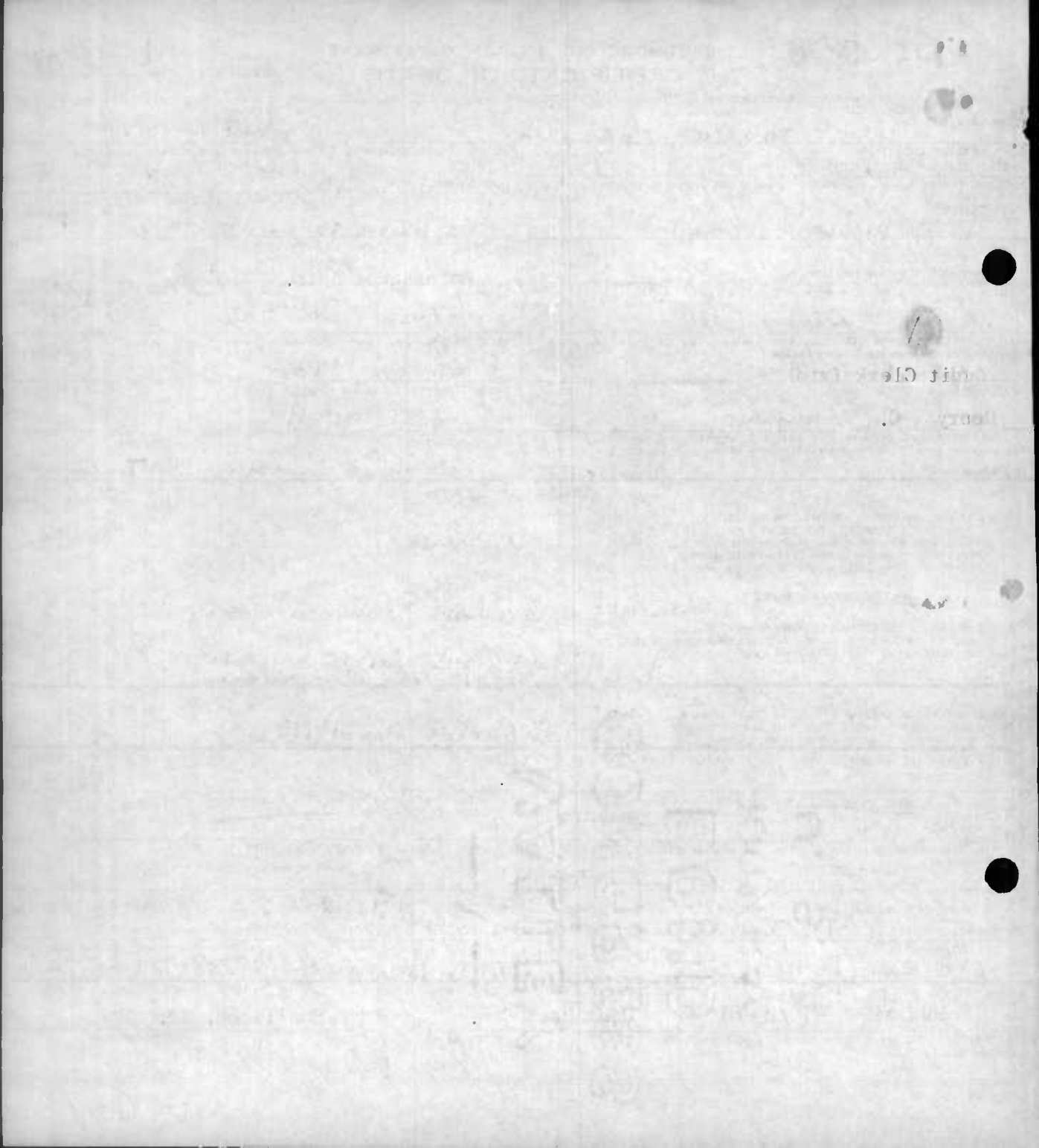




R-520  
151 9278BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9278

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <u>Charles Frederick Ramsay</u>		2. DATE OF DEATH <u>10-27-51</u>	
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Ambassador Apts.</u> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Union Memorial Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore, Md.</u>			
C. Length of stay in Baltimore <u>72</u>		D. STREET ADDRESS (If rural, give location) <u>Ambassador Apts.</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, <u>MARRIED</u> , WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>5-2-1879</u>	9. AGE (In years last birthday) <u>72</u>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Audit Clerk (rtd)</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>?</u>		11. BIRTHPLACE (State or foreign country) <u>Baltimore Md</u>	
13. FATHER'S NAME <u>Henry C. Ramsay</u>		14. MOTHER'S MAIDEN NAME <u>Addie Dell</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>unknown</u>		16. SOCIAL SECURITY NO. <u>215-12-8517</u>		17. INFORMANT <u>Mrs Helen Ramsay</u>	
18. <u>442X and 260X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>URSEMIA</u>		CAUSE OF DEATH (A) <u>URSEMIA</u> DUE TO B. <u>Arterial &amp; Arterial Arteriosclerosis</u> DUE TO (C) <u>Hypertensive Arteriosclerotic Cardiovascular disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. C. <u>Diabetes mellitus</u>					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <u>10/29/51</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Oct. 25</u> , 19 <u>51</u> to <u>Oct. 27</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Oct. 27</u> , 19 <u>51</u> , and that death occurred at <u>5:48 P.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>William A. Anderson</u>		23B. ADDRESS <u>Union Memorial Hosp.</u>		23C. DATE SIGNED <u>10-27-51</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>10/29/51</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Deer Park Cem.</u>	
24D. LOCATION (City, town, or county) (State) <u>Smallwood, Md.</u>		25. FUNERAL DIRECTOR <u>Wm. J. Pickner &amp; Sons</u>			
DATE RECEIVED BY LOCAL REGISTRAR <u>Oct 29 1951</u>		REGISTRAR'S SIGNATURE <u>Wm. J. Pickner</u>		ADDRESS <u>61 Balt. Md.</u>	



REA-148156

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9279  
Registered No.

BIRTH NO.

51 9279

1. NAME OF DECEASED  
(Type or Print)

Michael Riley

2. DATE  
OF  
DEATH

10-24-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE Maryland B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
Baltimore City Hospitals

4940 Eastern Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)  
Baltimore

D. STREET ADDRESS (If rural, give location)

923 S. Fremont Avenue

21-01

C. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Aug. 15, 1866

9. AGE (In years  
last birthday)

85

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)  
iron molder10B. KIND OF BUSINESS OR  
INDUSTRY  
?

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Patrick Riley

14. MOTHER'S MAIDEN NAME

Katherine Porter

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)  
no16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Records: B. C. H. 4940 Eastern Avenue

1B.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Carcinoma of the Stomach

DUE TO

6 Months

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-2 1951, to 10-24, 1951, that I last saw the  
deceased alive on 10-24, 1951, and that death occurred at 3:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Rogers

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

10-27-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/30/51

24C. NAME OF CEMETERY OR CREMATORY

St. Peters Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

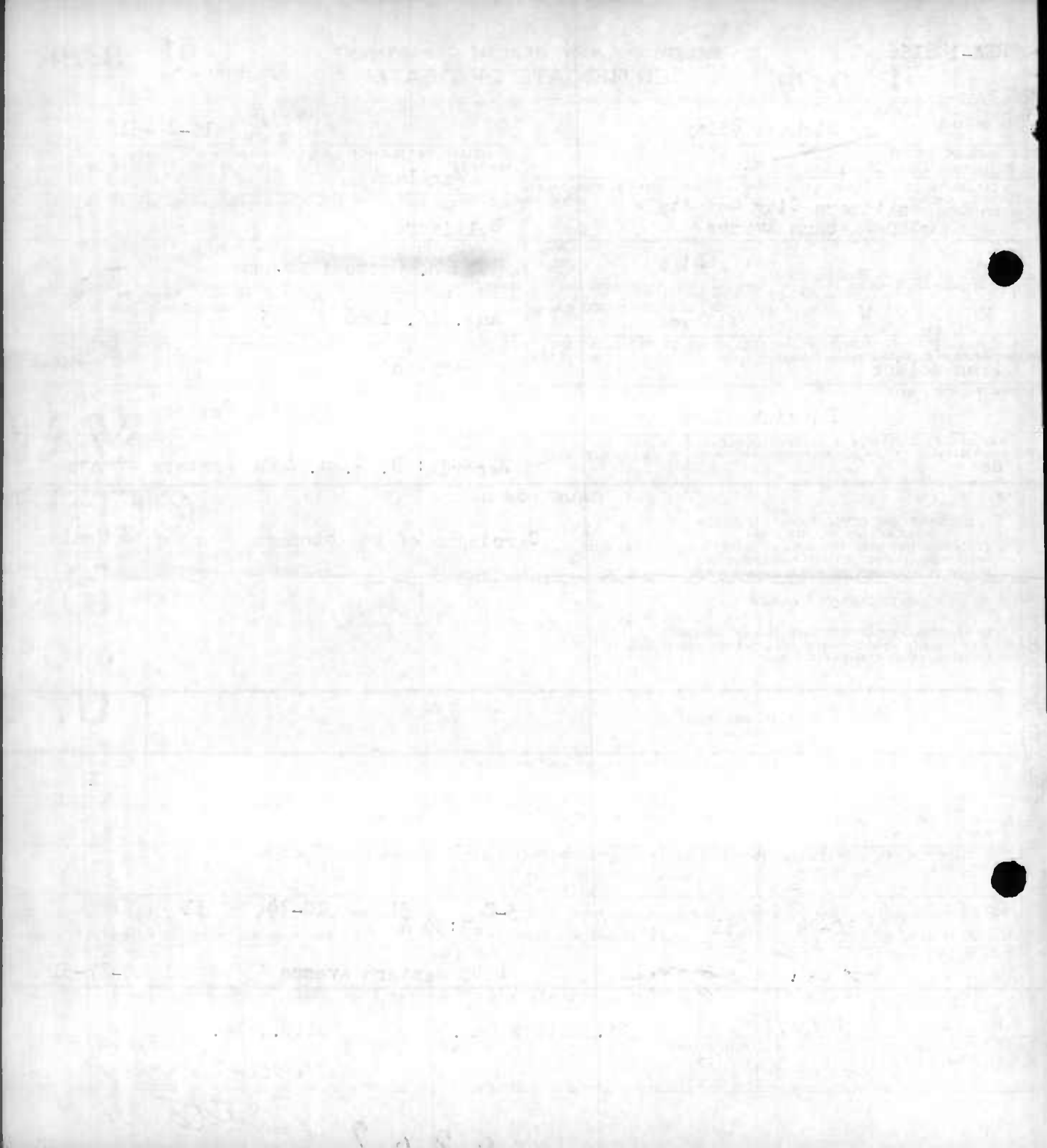
(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



51 9280

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9280

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

James A. Smith

2. DATE  
OF  
DEATH

10-26-1951

3. PLACE OF DEATH

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR  
INSTITUTION

1208 Franklin Ave Rd

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

16-07

D. STREET ADDRESS (If rural, give location)

1208 Franklin Ave Road

8. DATE OF BIRTH

2-8-1893

9. AGE (in years  
last birthday)

58

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Labourer

10B. KIND OF BUSINESS OR  
INDUSTRY

Gen

11. BIRTHPLACE (State or foreign country)

Richmond Va

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James F. Smith

14. MOTHER'S MAIDEN NAME

R

Patterson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Edith Smith 1208 Franklin Ave Road

18. 331X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) ...  
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) ...  
DUE TO

(C) ...

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ~~1951~~ 1951 to ~~1951~~ 1951 that I last saw the  
deceased alive on ~~10-26-1951~~ 10-26-1951 and that death occurred at ~~1208 Franklin Ave Rd~~ 1208 Franklin Ave Rd, from the cause and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10-30-1951

24C. NAME OF CEMETERY OR CREMATORY

Mount Auburn Cemetery

24D. LOCATION (City, town, or county)

Baltimore City Maryland

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Joseph A. Sivilly 661 W. Bane Street

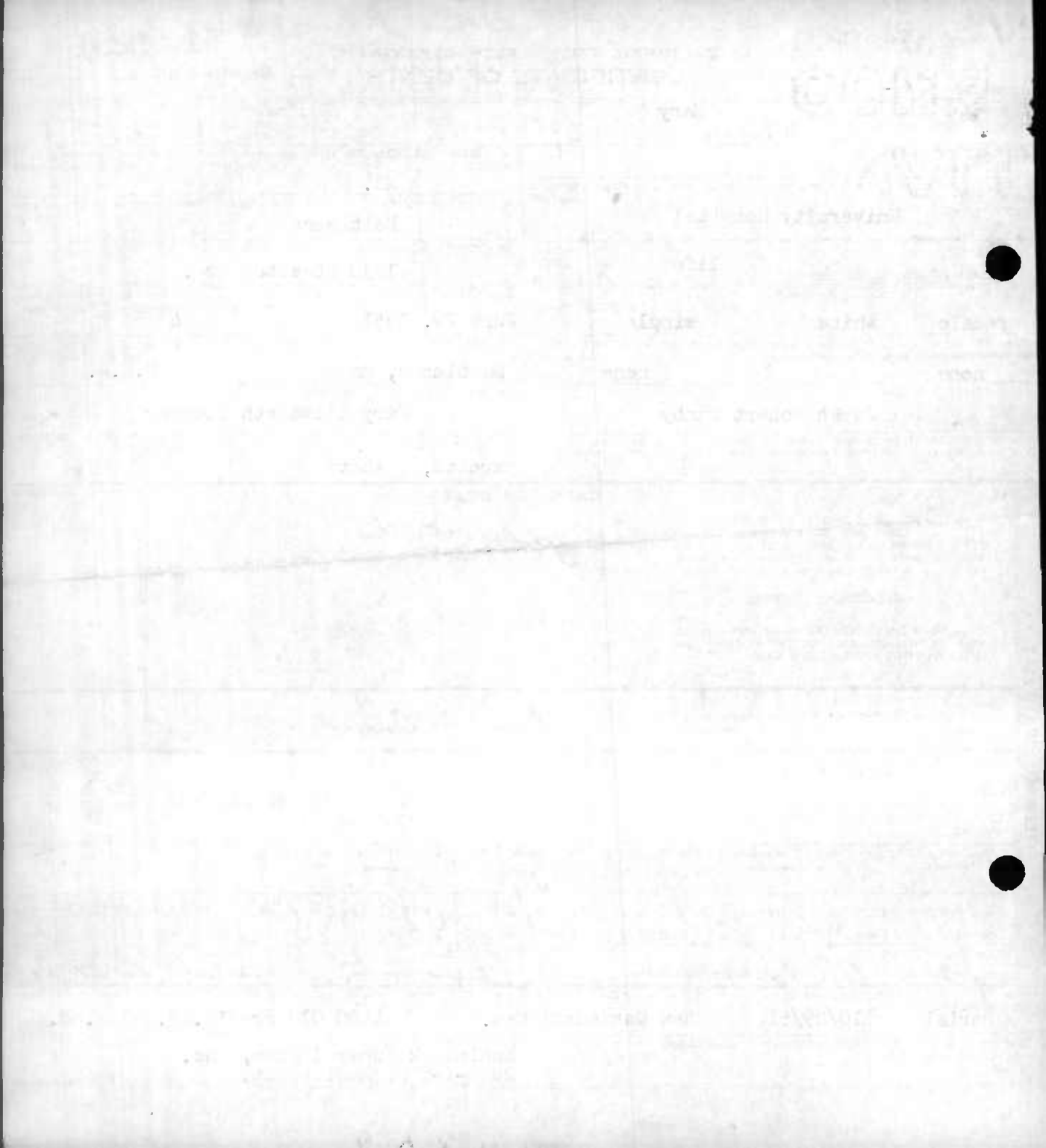
1. The first part of the paper  
describes the general  
principles of the method  
used in the investigation.

2. The second part of the paper  
describes the results of the  
investigation and discusses  
the significance of the findings.

3. The third part of the paper  
describes the conclusions of the  
investigation and discusses  
the implications of the findings.



510 51 9281			BALTIMORE CITY HEALTH DEPARTMENT			51 9281			
BIRTH NO. 51-15358			CERTIFICATE OF DEATH			Registered No.			
1. NAME OF DECEASED (Type or Print) <i>Cynthia Mary Canby</i>				2. DATE OF DEATH <i>10-27-51</i>					
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>University Hospital</i>				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> D. STREET ADDRESS (If rural, give location) <i>1230 Steelton Ave., 26-36</i>					
C. Length of stay in Baltimore <i>life</i>				Yrs. Mos. Days					
5. SEX <i>female</i>		6. COLOR OR RACE <i>white</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>		8. DATE OF BIRTH <i>June 29, 1951</i>		9. AGE (In years last birthday) <i>4</i> If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>				10B. KIND OF BUSINESS OR INDUSTRY <i>none</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>James Robert Canby</i>				14. MOTHER'S MAIDEN NAME <i>Mary Elizabeth Younker</i>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>parents, above</i> ✓					
18. <i>492x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>pneumonitis</i> DUE TO (A) ..... ANTECEDENT CAUSES (B) ..... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) ..... II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>cardiac failure</i>				INTERVAL BETWEEN ONSET AND DEATH					
19A. DATE OF OPERATION <i>10/26</i>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)					
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		21F. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <i>10/26</i> , 19 <i>51</i> , to <i>10/27</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>10/26</i> , 19 <i>51</i> , and that death occurred at <i>9:45 A.m.</i> , from the causes and on the date stated above.									
23A. SIGNATURE <i>James M. Bisman</i>				23B. ADDRESS <i>University Hospital</i>			23C. DATE SIGNED <i>10-27-51</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>10/29/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral Cem.</i>		24D. LOCATION (City, town, or county) (State) <i>4300 Old Fred'k. Rd. Balto. Md.</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 29 1951</i>		REGISTRAR'S SIGNATURE <i>W. J. Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.</i>					



435  
51 9282BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9282

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Alfred Gladden.		October 24, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION 316 N. Stricker		C. CITY OR TOWN Baltimore	
D. STREET ADDRESS (If rural, give location) 316 N. Stricker St.		Yrs. Mos. Days	
6. LENGTH OF STAY IN BALTIMORE		8. DATE OF BIRTH 1904 February 28.	
9. SEX Male		9. AGE (In years last birthday) 67.	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laboren		11. BIRTHPLACE (State or foreign country) St. Mary's Co. Md.	
13. FATHER'S NAME Alfred Gladden.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No		14. MOTHER'S MAIDEN NAME Rachel ?	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Dorothy Gladden. 316 N. Stricker	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 490 X I Lobar Pneumonia (Hypostatic)		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypostatic			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Hypertensive Type Heart Disease Left Hemiplegia			
19A. DATE OF OPERATION none		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) none		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9/20, 1951 to 10/24, 1951 that I last saw the deceased on 10/24, 1951, and that death occurred at 11:45 P.M. the causes and on the date stated above.			
23A. SIGNATURE Gordon Bilko		23B. ADDRESS 601 N. Calhoun St.	
23C. DATE SIGNED 10/26/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Oct. 29, 1951	
24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR OCT 29 1951		25. FUNERAL DIRECTOR ADDRESS Mrs. Kate Williams Schroeder St.	

Robert, Benjamin

Robert, Benjamin

Robert, Benjamin  
Robert, Benjamin

Robert

Robert

Robert

Robert

Robert

Robert

Robert

Robert

300

51 9283

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9283  
Registered No.1. NAME OF DECEASED  
(Type or Print)

Lydia White.

2. DATE  
OF  
DEATH

October 24, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

204 N. Gilman St.

5. SEX

Female

6. COLOR OR RACE

C

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

13. FATHER'S NAME

Rev. John W. Jones.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

8. DATE OF BIRTH

March 18, 1903

9. AGE (In years  
last birthday)

48

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md..

12. CITIZEN OF  
WHAT COUNTRY?

U. S. A.

14. MOTHER'S MAIDEN NAME

Susie

17. INFORMANT

ADDRESS

Jessie White. 204 N. Gilman St.

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Tuberculosis (lungs)

INTERVAL BETWEEN  
ONSET AND DEATH

1 yr

## ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 30, 1951, to Oct 24, 1951, that I last saw the  
deceased alive on Oct 24, 1951, and that death occurred at 6 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Ralph W. Hedding, M. D.

23B. ADDRESS

204 N. Gilman St.

23C. DATE SIGNED

10/27/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 29, 1951

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary

24D. LOCATION (City, town, or county)

Cedar Hill, Md..

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Mrs. Kate R. Williams, Schenck St.

1901

AT LARGE

ALL THOSE WHOSE NAMES ARE  
ON THE LIST OF DEATHS

THEY ARE DEAD

THEY ARE DEAD

THEY ARE DEAD

THEY ARE DEAD

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THEY ARE DEAD



426  
3284

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9284  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>James Walker</b>		2. DATE OF DEATH <b>10/27/51</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived before admission): residence A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>			
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Mercy Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>			
D. STREET ADDRESS (If rural, give location) <b>605 S. Chapel Gate Lane</b>		E. LENGTH OF STAY IN BALTIMORE <b>Life</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>C</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>	8. DATE OF BIRTH <b>1889</b>	9. AGE (In years last birthday) <b>62</b>	10. UNDER 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cook</b>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>Henry Walker</b>		14. MOTHER'S MAIDEN NAME <b>Mary Stanberry</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>?</b>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <b>Victory Tucker 628 W. Lanvale</b>	

18. <b>581.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cerebral Lues</b>		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH <b>?</b>
ANTECEDENT CAUSES		(A) DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO	
		(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <b>10/27/51</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>10/21/51</b> , 19 <b>51</b> , to <b>10/27/51</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>10/27/51</b> , 19 <b>51</b> , and that death occurred at <b>6 p.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Edward Lyle</b>		23B. ADDRESS <b>Mercy Hospital</b>		23C. DATE SIGNED <b>10/27/51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10/30/1951</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Broadneck Cem.</b>	
24D. LOCATION (City, town, or county) <b>C.A. Co. Md.</b>		24E. DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 29 1951</b>		24F. REGISTRAR'S SIGNATURE <b>William H. Williams</b>	
24G. FUNERAL DIRECTOR <b>Mrs. Kate R. Williams</b>		24H. ADDRESS <b>Schwerdt St.</b>		24I. DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 29 1951</b>	

VS 150  
754 6M  
124 B





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **51 9285**

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) **ULYSSES RAWLINGS**

2. DATE OF DEATH **Oct 27, 1951**

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  
A. STATE **Ind.** B. COUNTY \_\_\_\_\_

B. FULL NAME OF \_\_\_\_\_ (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE **PROVIDENT**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
**Baltimore**

D. STREET ADDRESS (If rural, give location)  
**544 W. Mosher**

Length of stay in Baltimore **50** Yrs. **50**

5. SEX **M** 6. COLOR OR RACE **C** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **June 10, 1883** 9. AGE (in years last birthday) **68** If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Laborer** 10B. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (State or foreign country) **Maryland** 12. CITIZEN OF WHAT COUNTRY? \_\_\_\_\_

13. FATHER'S NAME **Agustus Rawlings** 14. MOTHER'S MAIDEN NAME **Rachel**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) \_\_\_\_\_ (If yes, give war or dates of service) \_\_\_\_\_ 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT **Hances Rawlings** ADDRESS **544 W. Mosher St. Baltimore, Ind.**

18. **420.0** CAUSE OF DEATH **Arteriosclerotic Heart Disease** INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) **Arteriosclerotic Heart Disease**

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) \_\_\_\_\_ (C) \_\_\_\_\_

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. \_\_\_\_\_

19A. DATE OF OPERATION \_\_\_\_\_ 19B. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) \_\_\_\_\_

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY \_\_\_\_\_ 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR? \_\_\_\_\_

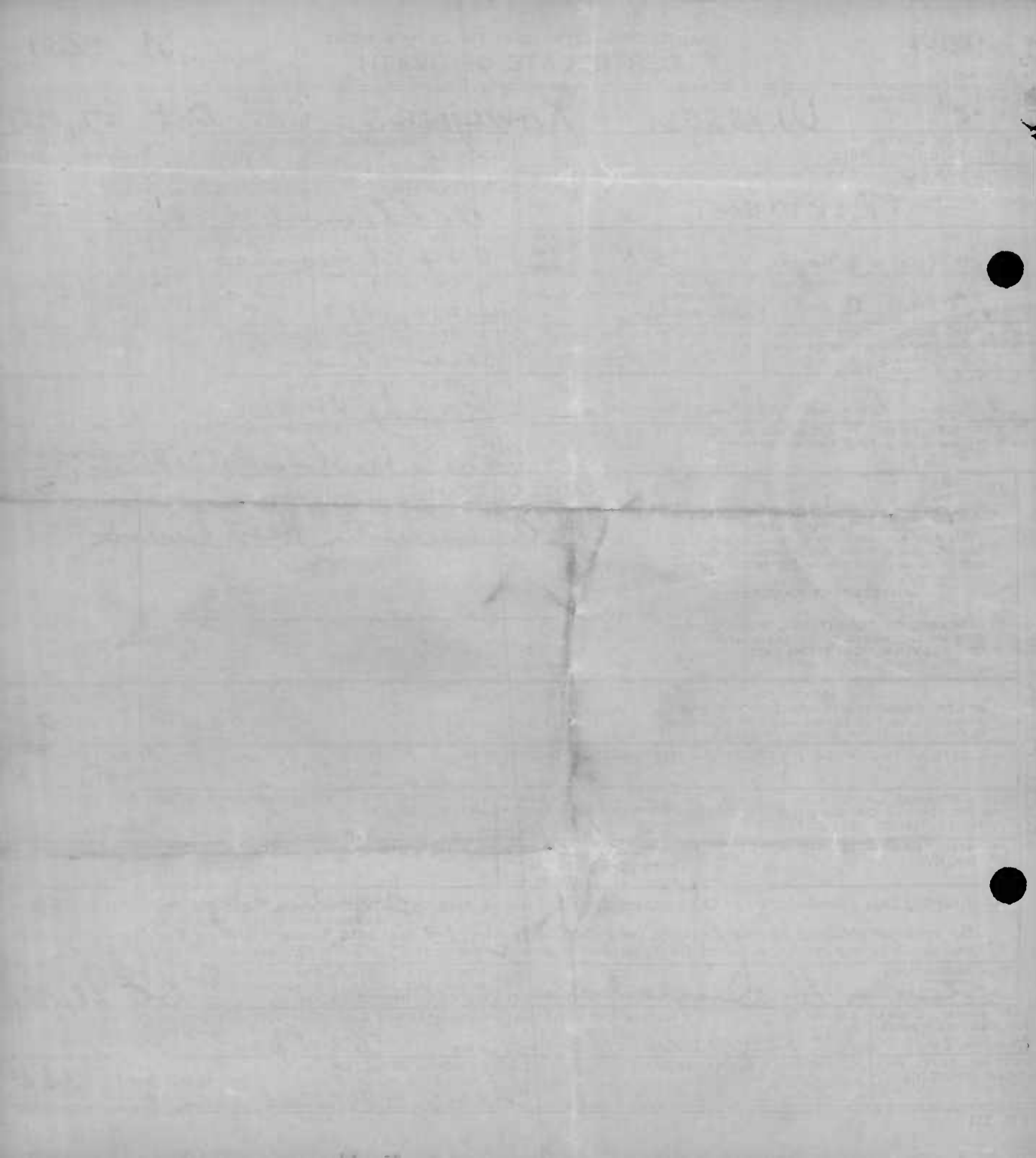
22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thercon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE **Stanley H. Dureacher** M.D. 23B. CHIEF MEDICAL EXAMINER \_\_\_\_\_ 23C. DATE SIGNED **Oct 28, 1951** ASSISTANT MEDICAL EXAMINER \_\_\_\_\_ MEDICAL INVESTIGATOR \_\_\_\_\_

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **Oct. 30, 1951** 24C. NAME OF CEMETERY OR CREMATORY **Mt. Auburn** 24D. LOCATION (City, town, or county) (State) **Westport, Ind.**

DATE RECEIVED BY LOCAL REGISTRAR **Oct 29 1951** REGISTRAR'S SIGNATURE **Charles H. Alexander** 25. FUNERAL DIRECTOR **Charles H. Alexander** ADDRESS **1200 McCulloch St. Baltimore, Ind.**

VS 151 97099 937



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9286

1. NAME OF DECEASED (Type or Print) **LILLIAN M NORWOOD**

2. DATE OF DEATH **OCTOBER 27-1951**

3. PLACE OF DEATH:  
A. Baltimore City, Maryland **4700 HARFORD AVE.**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE **MD**  
B. COUNTY **Baltimore**

5. FULL NAME OF (If not in hospital or institution, give street address or location)  
**HARFORD CONVALESCENT HOME**

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
**ELTINORE**

7. STREET ADDRESS (If rural, give location)  
**321 DUMBARTON RD**

8. DATE OF BIRTH **MAY-18-1874**

9. AGE (In years last birthday) **77**

10. BIRTHPLACE (State or foreign country) **UPPER FALLS-BALTO Co.**

11. CITIZEN OF WHAT COUNTRY? **USA**

12. FATHER'S NAME **JOHN BEVARD**

13. MOTHER'S MAIDEN NAME **AURA HOWARD**

14. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

15. SOCIAL SECURITY NO.

16. INFORMANT ADDRESS **RD END D NORWOOD-321 DUMBARTON RD**

17. CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
**Carcinoma of Uterus & appendages**

19. ANTECEDENT CAUSES  
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  
**Chronic myocarditis.**

20. INTERVAL BETWEEN ONSET AND DEATH  
**6 Mos.**

21. DATE OF OPERATION **0**

22. MAJOR FINDINGS OF OPERATION

23. AUTOPSY? YES ☐ NO ☐

24. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING CAUSE OF DEATH ☐

25. PLACE OF INJURY (a. g., in or about home, farm, factory, street, office bldg., etc.)

26. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

27. TIME (Month) (Day) (Year) (Hour) OF INJURY

28. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

29. HOW DID INJURY OCCUR?

30. I hereby certify that I attended the deceased from April 6, 1951 to Oct 27, 1951 that I last saw the deceased alive on Oct 26, 1951, and that death occurred at 1 P.m., from the causes and on the date stated above.

31. SIGNATURE **Arthur S. Singer** M. D.

32. ADDRESS **1613 E. North Ave.**

33. DATE SIGNED **10-29-51**

34. BURIAL, CREMATION, REMOVAL (Specify)

35. DATE **10-30-51**

36. NAME OF CEMETERY OR CREMATORY **SALEM M.E.**

37. LOCATION (City, town, or county) (State) **UPPER FALLS MD**

38. DATE RECEIVED BY LOCAL REGISTRAR **OCT 29 1951**

39. REGISTRAR'S SIGNATURE **John C. Miller**

40. FUNERAL DIRECTOR ADDRESS **John C. Miller Inc. 2425 E. Oliver St**

11-13 1-24

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Signature of physician		8. Signature of registrar	
9. Name of informant		10. Address of informant		11. Date of registration		12. Registrar's office	
13. Name of funeral home		14. Address of funeral home		15. Date of burial		16. Burial place	
17. Name of cemetery		18. Address of cemetery		19. Date of interment		20. Interment place	
21. Name of church		22. Address of church		23. Date of service		24. Service place	
25. Name of minister		26. Address of minister		27. Date of service		28. Service place	
29. Name of sexton		30. Address of sexton		31. Date of service		32. Service place	
33. Name of undertaker		34. Address of undertaker		35. Date of service		36. Service place	
37. Name of casket		38. Address of casket		39. Date of service		40. Service place	
41. Name of coffin		42. Address of coffin		43. Date of service		44. Service place	
45. Name of shroud		46. Address of shroud		47. Date of service		48. Service place	
49. Name of pall		50. Address of pall		51. Date of service		52. Service place	
53. Name of hearse		54. Address of hearse		55. Date of service		56. Service place	
57. Name of carriage		58. Address of carriage		59. Date of service		60. Service place	
61. Name of horse		62. Address of horse		63. Date of service		64. Service place	
65. Name of driver		66. Address of driver		67. Date of service		68. Service place	
69. Name of passenger		70. Address of passenger		71. Date of service		72. Service place	
73. Name of witness		74. Address of witness		75. Date of service		76. Service place	
77. Name of witness		78. Address of witness		79. Date of service		80. Service place	
81. Name of witness		82. Address of witness		83. Date of service		84. Service place	
85. Name of witness		86. Address of witness		87. Date of service		88. Service place	
89. Name of witness		90. Address of witness		91. Date of service		92. Service place	
93. Name of witness		94. Address of witness		95. Date of service		96. Service place	
97. Name of witness		98. Address of witness		99. Date of service		100. Service place	

163

1 9287

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9287

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

Giuseppe Liberto

2. DATE  
OF  
DEATH

Oct. 26, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto. Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

309 N. Greene Street

C. Length of stay in Baltimore

60

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Fruit Dealer

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Giuseppe Liberto

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

309 N. Greene Street

8. DATE OF BIRTH

1870

9. AGE (In years last birthday)

81

11 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Cefalu' Italy

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Salvatrice

17. INFORMANT

ADDRESS

Pietro Liberto 309 N. Greene Street

18. 443X

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Hypertensive Cardio-Vascular disease

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

INJURY

WHILE AT ☐ WORKNOT WHILE ☐ AT WORK

22. I hereby certify that I attended the deceased from March 1949, to 10/26, 1951, that I last saw the deceased alive on 10/26, 1951, and that death occurred at 2 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 30, 1951

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery

24D. LOCATION (City, town, or county)

4300 Blk. Old Frederick Rd.

DATE RECEIVED BY LOCAL REGISTRAR

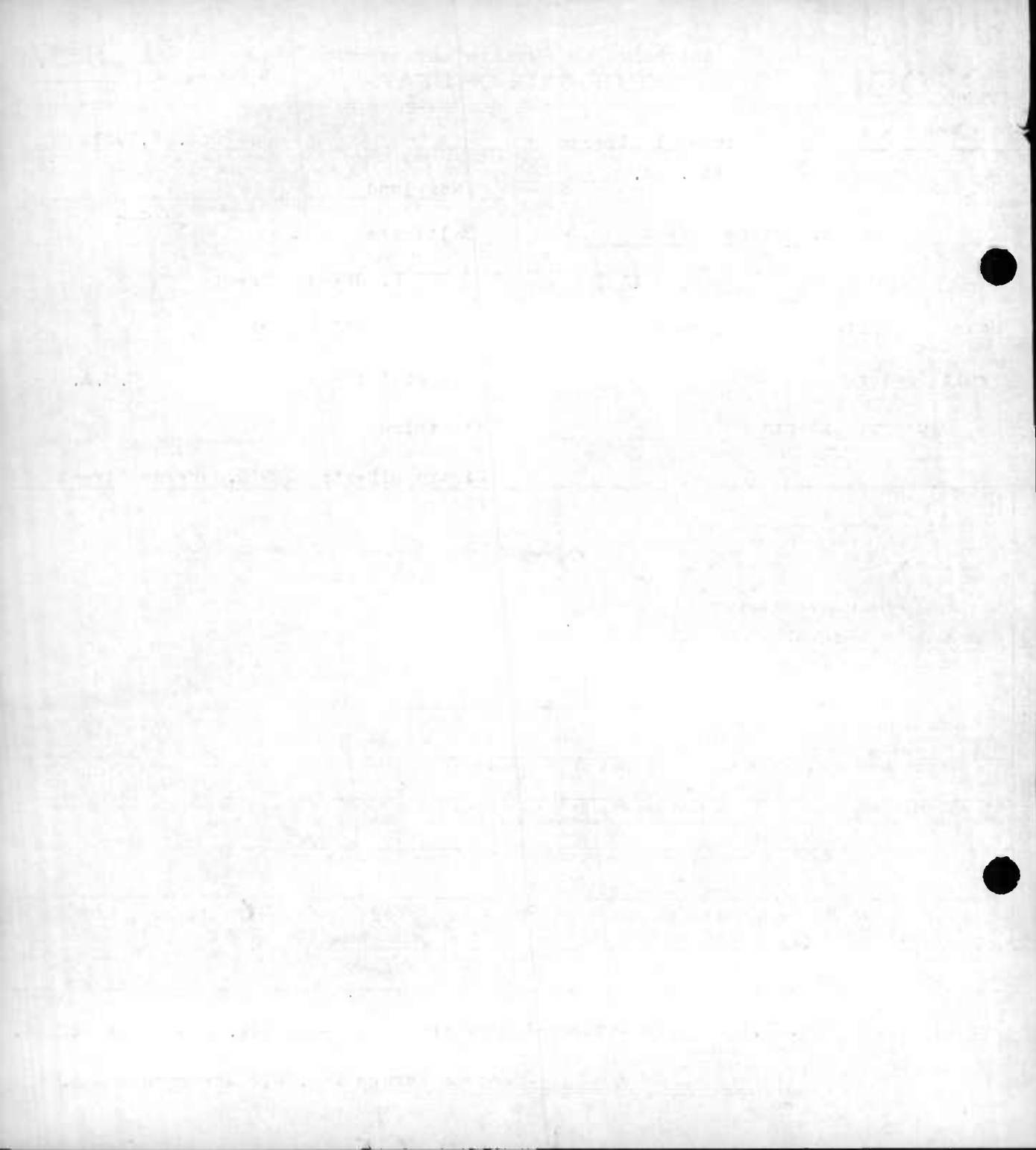
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 29 1951

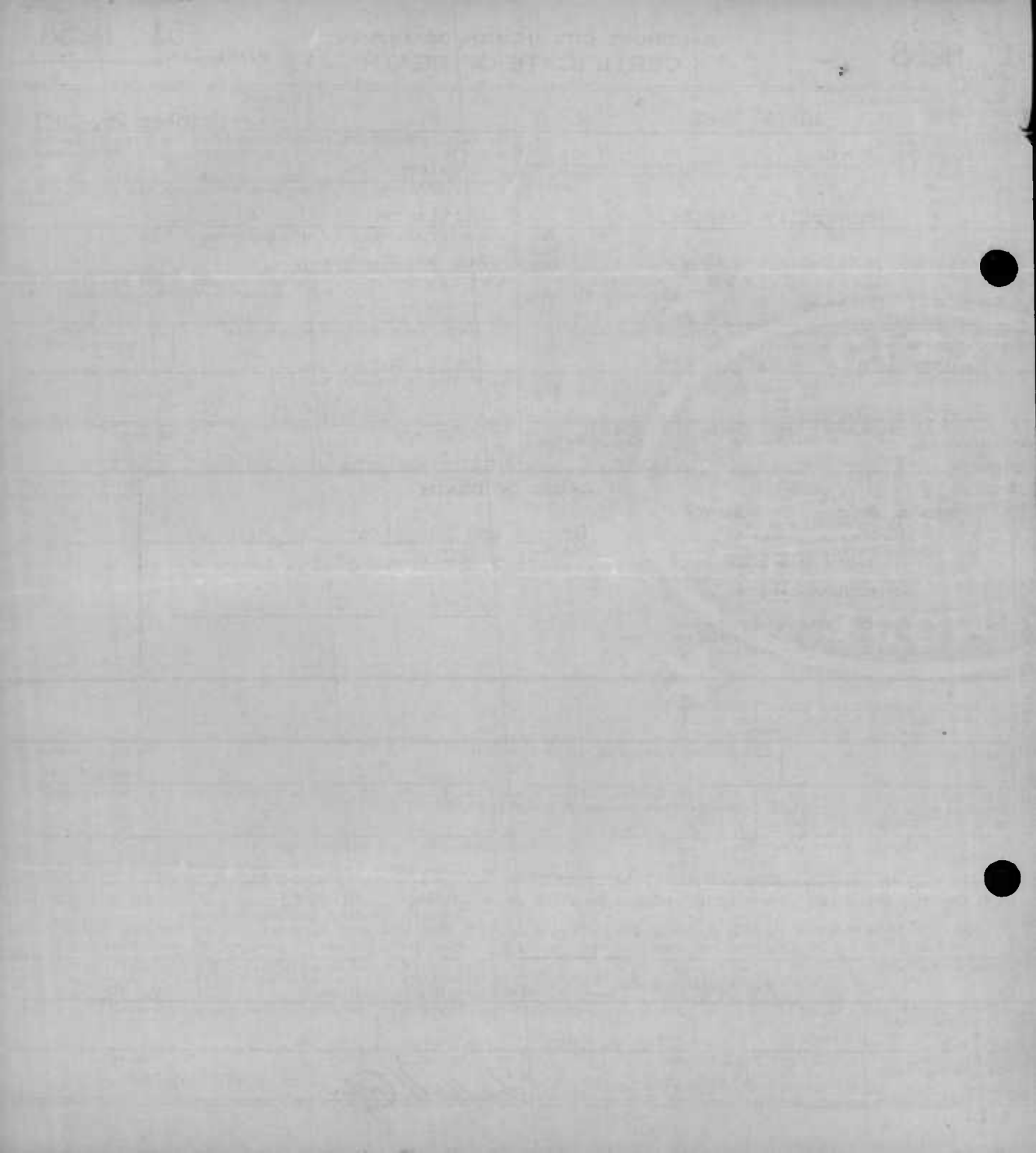
Joseph Farace Inc. 2013 Greenmount Ave.





230  
51 9288BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9288  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>AGNES WEST</b>		2. DATE OF DEATH <b>October 26, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>University Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>656 Melvin Drive</b>		E. ZIP CODE <b>5300</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>1/29/1895</b>
9. AGE (in years last birthday) <b>56</b>		10. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Charles Morgan</b>		14. MOTHER'S MAIDEN NAME <b>Maggie Fowler</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT <b>Bernard West</b>		ADDRESS <b>(H) 656 Melvin Drive</b>	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Uremia and Intestinal Obstruction</b> DUE TO <b>massive carcinoma of the ovary</b> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <b>Autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE <b>R. S. Fisher</b>		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/> M.D.	
23C. DATE SIGNED <b>10/26/51</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10/29/51</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Mt. Auburn Cemetery</b>		24D. LOCATION (City, town, or county) (State) <b>Balto. Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 29 1951</b>		REGISTRAR'S SIGNATURE <b>Charles H. Cooper</b>	
25. FUNERAL DIRECTOR <b>Charles H. Cooper</b>		ADDRESS <b>512 Carrollton Ave</b>	



460  
51 9289BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9289  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>Joseph Taylor</b>		2. DATE OF DEATH <b>Oct 27, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Md</b> B. COUNTY <b>3-01</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>JOHNS HOPKINS HOSPITAL</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <b>129 S. Spring St.</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>4-13-87</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Carpenter</b>	9. AGE (In years last birthday) <b>64</b>
13. FATHER'S NAME <b>John Taylor</b>		12. CITIZEN OF WHAT COUNTRY? <b>Lithuania</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	14. MOTHER'S MAIDEN NAME <b>Ellen</b>
17. INFORMANT <b>JOHNS HOPKINS HOSPITAL</b>		ADDRESS	
18. <b>15621</b> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Carcinoma of liver, probably metastatic</b> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION <b>10-27-51</b>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>10-17-1951</b> to <b>10-27-1951</b> that I last saw the deceased alive on <b>10-27-1951</b> , and that death occurred at <b>6:45 a.m.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>Leighton E. Cluff</b>		23B. ADDRESS <b>JOHNS HOPKINS HOSPITAL</b>	
23C. DATE SIGNED <b>10-27-51</b>			
24A. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Oct. 30 1951</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>HOLY REDEEMER CEMETERY</b>		24D. LOCATION (City, town, or county) (State) <b>4430 Belair Road.</b>	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <b>Frank DellaVecchia</b>	
FURNERAL DIRECTOR		ADDRESS <b>322 S. High St.</b>	

WATLEY  
CONGRESS  
BOND  
BUTLER  
1857

600  
51 9290BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9290  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Lydia Grey

2. DATE  
OF  
DEATH

October 26, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 710 Mosher St.

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

Maryland  
Baltimore

D. STREET ADDRESS (If rural, give location)

710 Mosher Street

c. Length of stay in Baltimore

40 yrs.

5. SEX

Female colored

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Basil Grey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

214-12-9109

17. INFORMANT

ADDRESS

Mrs. Addie Crawford 710 Mosher St.

18. 592x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

INJURY

M.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Aug. 1950, to Oct 26, 1951, that I last saw the deceased alive on Oct 26, 1951, and that death occurred at 4 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Stanford P. Brunsender

M. D.

23B. ADDRESS

2309 Smith Hill Ave

23C. DATE SIGNED

10-29-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

October 29, 1951

24C. NAME OF CEMETERY OR CREMATORY

Mt. Zion

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 29 1951

VS 150

720 PA

131a

VALLEY

CHURCH ST

BOND

100546

000  
51 9291BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9291  
Registered No.

1. NAME OF DECEASED (Type or Print) <i>William Ernest Lays</i>		2. DATE OF DEATH <i>Oct. 27, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>1624 Druid Hill Ave.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 14-06</i>	
C. Length of stay in Baltimore <i>40 years</i>		D. STREET ADDRESS (If rural, give location) <i>1624 Druid Hill Ave.</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE/MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Jan. 17, 1894</i>
9. AGE (In years last birthday) <i>57</i>		10. Under 1 Year: Months: Days: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Dairy</i>	
11. BIRTHPLACE (State or foreign country) <i>Charles Co. Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>David Francis Lays (M)</i>		14. MOTHER'S MAIDEN NAME <i>Mary W. Williams</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mrs. Ada L. Lays</i>		ADDRESS <i>1624 Druid Hill Ave.</i>	

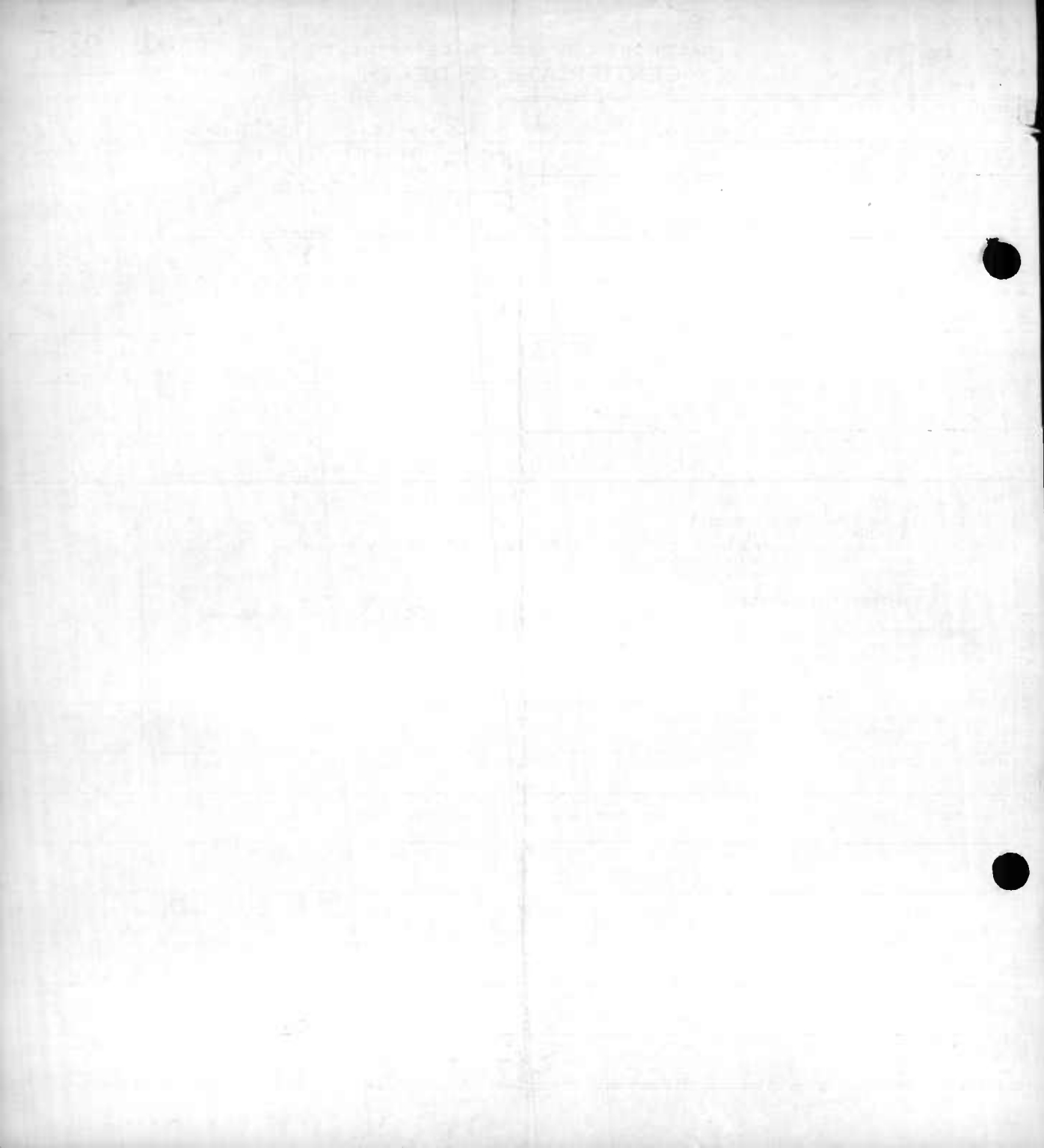
18. <i>161X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Lobar Pneumonia</i> DUE TO <i>Squamous-cell Ca. Larynx</i> DUE TO <i>(C)</i>		CAUSE OF DEATH <i>Lobar Pneumonia</i> <i>Squamous-cell Ca. Larynx</i> <i>(C)</i>	INTERVAL BETWEEN ONSET AND DEATH <i>1 wk</i> <i>1 yr</i>
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *Mar 20*, 1951, to *Oct. 27*, 1951, that I last saw the deceased alive on *Oct 27*, 1951, and that death occurred at *4:29 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE *W. McDonald Bando* M. D. *2445 W. Hill Ave.* 23B. ADDRESS *10-29-51* 23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Oct. 31, 1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 29 1951</i>		25. FUNERAL DIRECTOR <i>Holland Funeral Home</i> ADDRESS <i>1631 Druid Hill Ave.</i>	





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9292  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

BEULAH WALL

2. DATE OF DEATH  
Oct 27, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION  
JOHNS HOPKINS HOSP

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE Maryland B. COUNTY Baltimore  
C. CITY OR TOWN Baltimore

C. Length of stay in Baltimore 21 yrs.

5. F 6. COLOR OR RACE C 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M

D. STREET ADDRESS (if rural, give location)  
1608 E. Madison St

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Housewife

10B. KIND OF BUSINESS OR INDUSTRY  
at home

11. BIRTHPLACE (State or foreign country)  
Wakeforest N.C.

12. CITIZEN OF WHAT COUNTRY?  
U. S. A.

13. FATHER'S NAME  
Daniel Dunn

14. MOTHER'S MAIDEN NAME  
Janeta Harge

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  
no

16. SOCIAL SECURITY NO.

17. INFORMANT  
John Wall 1608 E. Madison St

18. 447X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Hypertensive and

ANTECEDENT CAUSES

(B) DUE TO

Arteriosclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) DUE TO

INTERVAL BETWEEN ONSET AND DEATH

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection and Inquiry hereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Durescher M.D.

23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....

23C. DATE SIGNED  
Oct. 28, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

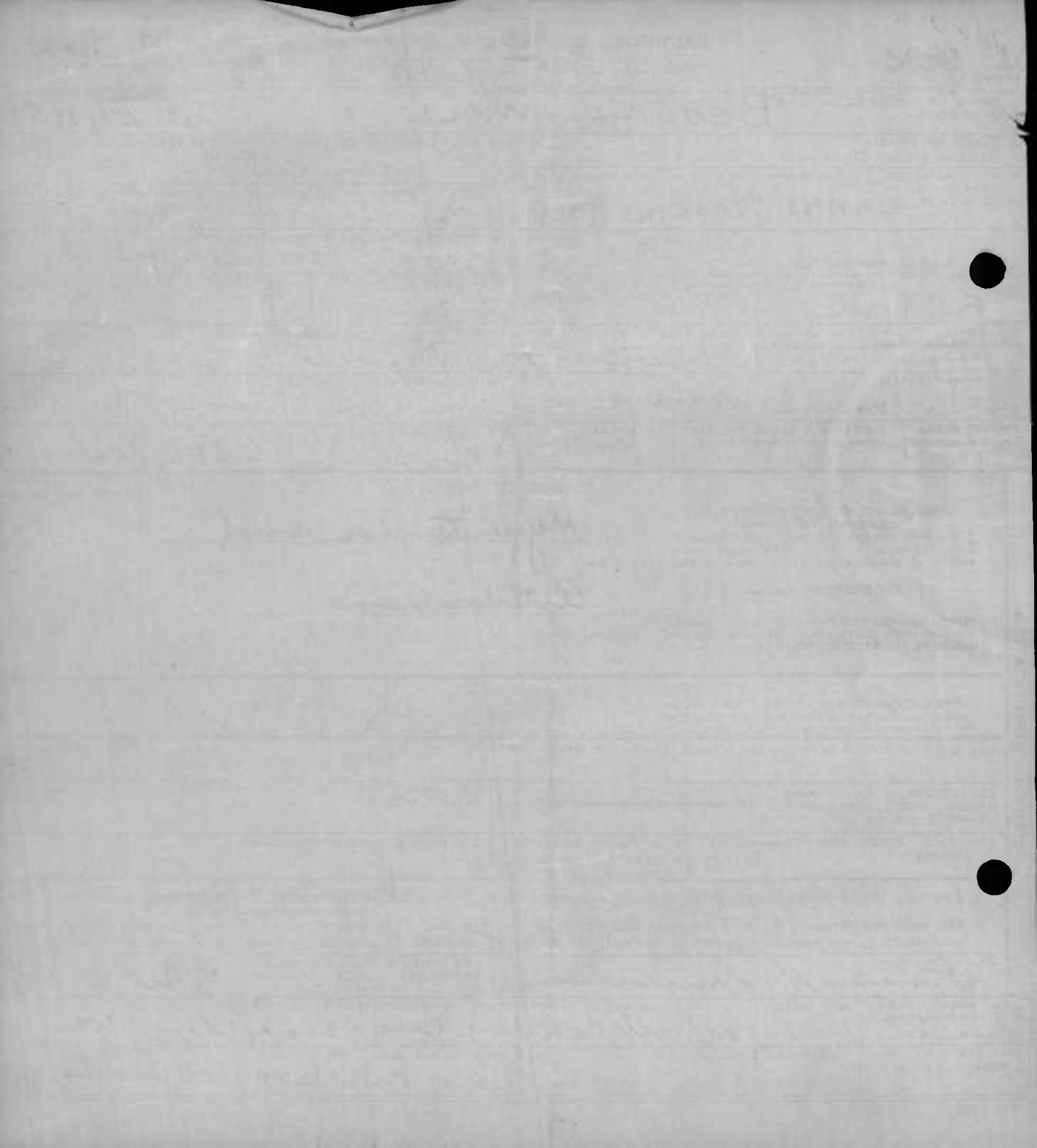
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR  
OCT 29 1951

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 9293  
Registered No. \_\_\_\_\_

BIRTH NO. _____			2. DATE OF DEATH <b>Oct. 28, 1951</b>		
1. NAME OF DECEASED (Type or Print) <b>William Earl Jewell</b>			A. STATE <b>Md.</b> B. COUNTY _____		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE _____ B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lutheran Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
C. Length of stay in Baltimore <b>9--</b> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>3408 Park Heights Ave.,</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 25, 1893</b>		9. AGE (In years last birthday) <b>58</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Furnace Mechanic</b>			11. BIRTHPLACE (State or foreign country) <b>Michigan</b>		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME <b>John Jewell</b>			14. MOTHER'S MAIDEN NAME <b>Elizabeth Harder</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>Yes W.W.1</b>			16. SOCIAL SECURITY NO. <b>365-07-2508</b>		
17. INFORMANT			ADDRESS <b>Mrs. Frances S. Jewell 3408 Park H. Ave.</b>		

18. <b>420.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Acute myocardial infarction Unknown</b>		CAUSE OF DEATH (A) DUE TO	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Arteriosclerotic heart disease Unknown</b>		(B) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)	

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from June 2, 1950 to August 15, 1951, that I last saw the deceased alive on Aug 15, 1951 and that death occurred at 8:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE Irvin B. Konick M. D. 23B. ADDRESS 5416 Reisterstown Rd. 23C. DATE SIGNED 10/29/51

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>10-31-1951</b>	24C. NAME OF CEMETERY OR CREMATORY <b>New Baltimore National</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore Md.</b>
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DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 29 1951</b>	REGISTRAR'S SIGNATURE <u>William H. Williams</u>	25. FUNERAL DIRECTOR <b>G. Howard Strong</b>	ADDRESS <b>3207 W. North Ave.,</b>
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MEDICAL CERTIFICATION

Dr. Jacob B. Knecht

546 Heidenstrum Rd.

706

252  
9294

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

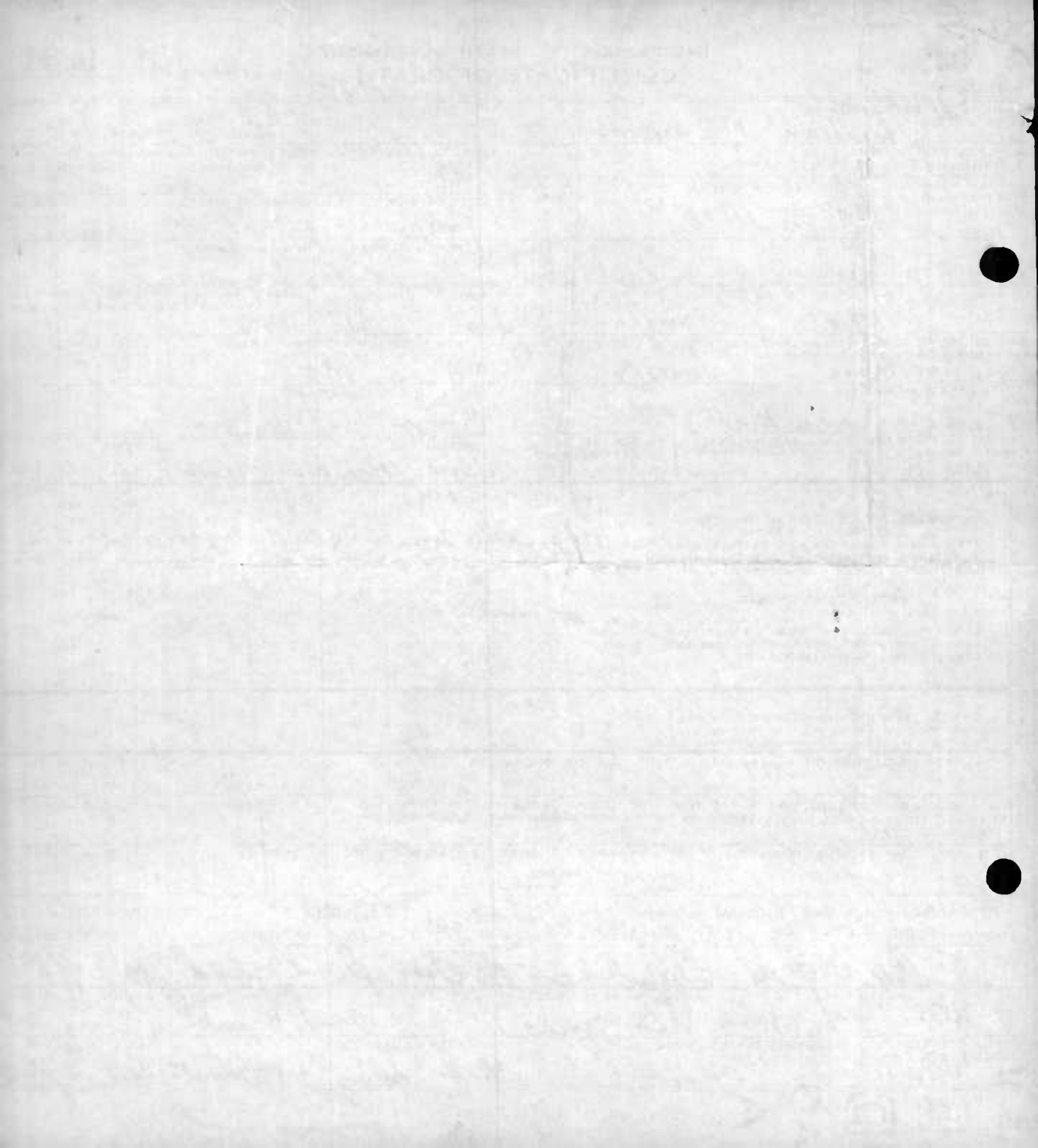
Registered No. 51 9294

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Lillian Hawkins</i>		2. DATE OF DEATH <i>Oct. 28, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>Howard</i>		5. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Hanover - Box 89 - Rural</i>	
6. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mercy Hospital</i>		7. STREET ADDRESS (If rural, give location) <i>6300</i>		8. LENGTH OF STAY IN BALTIMORE <i>15</i> Days	
9. SEX <i>F</i>	10. COLOR OR RACE <i>Negro</i>	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	12. DATE OF BIRTH <i>June ? 1913</i>	13. AGE (in years last birthday) <i>38</i>	14. If Under 1 Year Months: Days
15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House Maid</i>		16. KIND OF BUSINESS OR INDUSTRY <i>Domestic</i>		17. BIRTHPLACE (State or foreign country) <i>A.A. Co. Md.</i>	
18. FATHER'S NAME <i>George Hawkins</i>		19. MOTHER'S MAIDEN NAME <i>Mary Mathews</i>		20. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
21. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>NO</i>		22. SOCIAL SECURITY NO.		23. INFORMANT ADDRESS <i>James Hawkins Hanover, Md. Box 89.</i>	
18. CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Hyp. Cardio Vascular Renal Disease</i>					
DUE TO (A) <i>Hyp. Cardio Vascular Renal Disease</i>					
ANTECEDENT CAUSES (B) <i>Heart</i>					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Oct 13</i> , 1951, to <i>Oct 29</i> , 1951, that I last saw the deceased alive on <i>Oct 28</i> , 1951, and that death occurred at <i>507 P</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Edward H. Lytle</i>		23B. ADDRESS <i>Mercy Hospital</i>		23C. DATE SIGNED <i>10/29/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Nov. 1, 1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>St. Marks</i>	
24D. LOCATION (City, town, or county) (State) <i>Anne Arundel Co. Dorsey, Md</i>		25. FUNERAL DIRECTOR <i>W. R. Selby</i>		25. ADDRESS <i>401 Washington Blvd Laurel Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 29 1951</i>		REGISTRAR'S SIGNATURE <i>W. R. Selby</i>		VS 150	

MEDICAL CERTIFICATION

7208A

131a





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **51 9295**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**Lottie Halston**

2. DATE  
OF  
DEATH

**3 03 PM 10.26.51**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Baltimore, Md**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland** B. COUNTY **Baltimore**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

**Doctors Hospital**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

**Baltimore Rural**

C. Length of stay in Baltimore

**40 years**

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

**2900 Dunran Rd Apt A3 5200**

5. SEX

**Female**

6. COLOR OR RACE

**White**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**Married**

8. DATE OF BIRTH

**DEC 31-1888**

9. AGE (In years last birthday)

**62**

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Housewife**

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

**Vermont, Md**

12. CITIZEN OF WHAT COUNTRY?

**U.S.A.**

13. FATHER'S NAME

**GEO. W. LAYFIELD**

14. MOTHER'S MAIDEN NAME

**MARY HURLEY**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

**no**

16. SOCIAL SECURITY NO.

**-**

17. INFORMANT

ADDRESS

**RACON WINSTON 2900 DUNRAN**

18. **260X I**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

**(B) Cardiac decompensation**

**8 months**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

**(B) Arteriosclerotic cardiovascular disease. Diabetes mellitus.**

**several**

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

**(C) Anasarca, Hydrothorax Bilateral.**

**1 month**

**Chronic Passive Congestion Liver Kidneys**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **10/24, 1951**, to **10/26, 1951**, that I last saw the deceased alive on **10/26, 1951**, and that death occurred at **303P** m., from the causes and on the date stated above.

23A. SIGNATURE

**Alex J. W. Enslin**

M. D.

23B. ADDRESS

**4603 PK Hl Ave**

23C. DATE SIGNED

**10-28-51**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**BURIAL**

24B. DATE

**OCT 30 1951**

24C. NAME OF CEMETERY OR CREMATORY

**MORELAND PARK**

24D. LOCATION (City, town, or county)

**BALTIMORE MD**

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

**William H. Williams, Jr.**

25. FUNERAL DIRECTOR

ADDRESS

**ULLRICHT FUNERAL HOME DUNDACK AVE**

7

520  
9296BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9296  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Alburn G. Raynes

2. DATE  
OF  
DEATH

10.27.51

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Maryland General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 13

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

2003 Bolton Street #17

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9. AGE (In years last birthday)

53

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

B.C. Conductor

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Turner A. Raynes

TRANSFER

14. MOTHER'S MAIDEN NAME

Annie Shelton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. M. F. Bommer 2003 Bolton

18. 331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

5 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Arterial Hypertension

?

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/27, 1951, to 10/27, 1951, that I last saw the deceased alive on 10/27, 1951, and that death occurred at 2:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Annie C. Vane

23B. ADDRESS

M. D. Maryland Gen Hosp

23C. DATE SIGNED

10/27/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

10/30/51

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county) (State)

Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

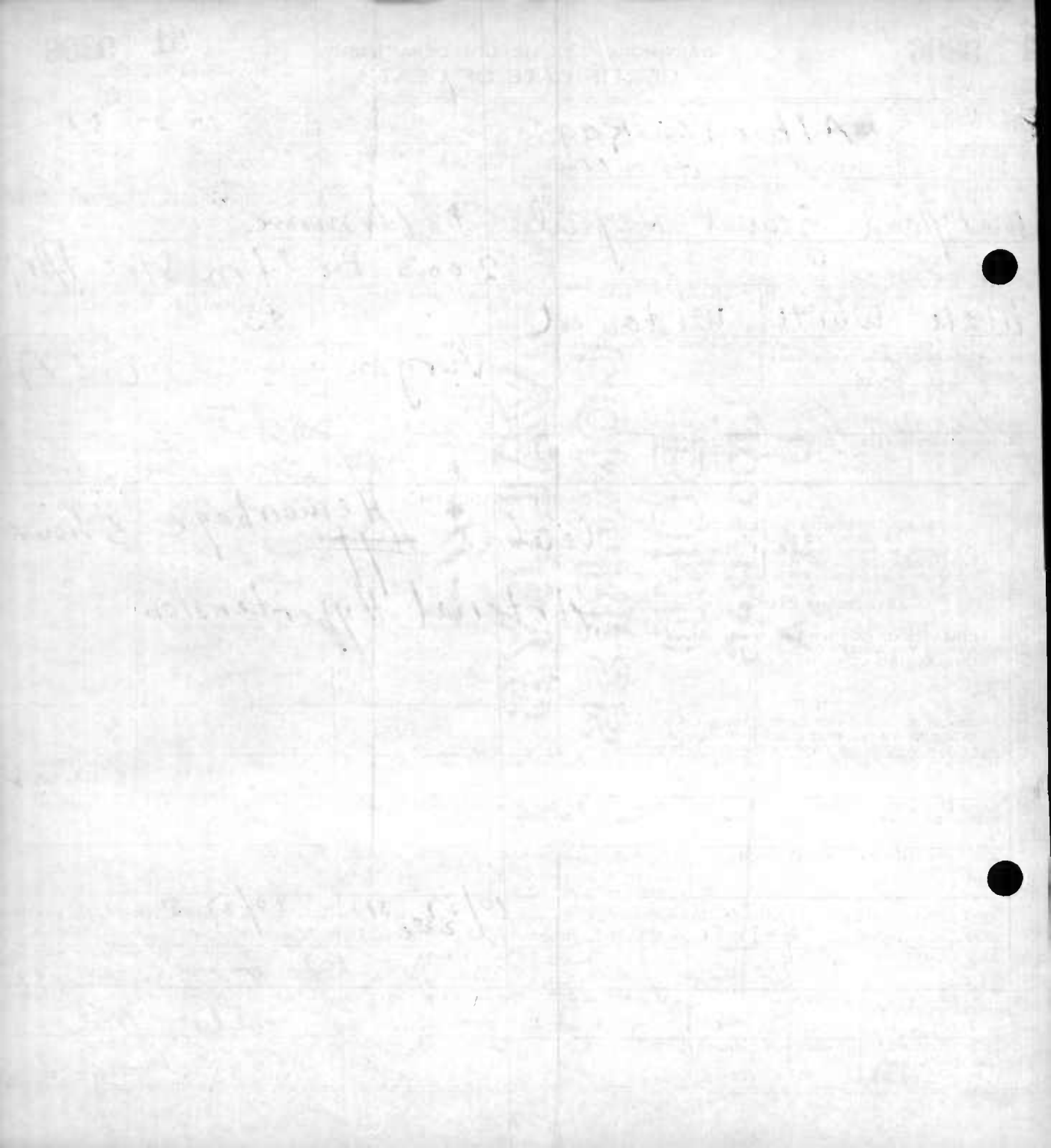
William J. Williams

FUNERAL DIRECTOR

L. Kuck

ADDRESS

5305 Starford



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 9297  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>WALTER RODOMSKY</b>		2. DATE OF DEATH <b>October 29, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Baltimore City Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write BURIAL and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>525 S. Rappola Street</b>		E. LENGTH OF STAY IN BALTIMORE <b>26 yrs.</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>Dec 13 - 1907</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Chalk Driver</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Balto. City</b>	9. AGE (in years last birthday) <b>43</b>
13. FATHER'S NAME <b>John Radomski</b>		14. MOTHER'S MAIDEN NAME <b>Rose Oles</b>	
10. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		11. BIRTHPLACE (State or foreign country) <b>Pittsburg Pa.</b>	
16. SOCIAL SECURITY NO.		12. CITIZEN OF WHAT COUNTRY?	
17. INFORMANT <b>Rose Radomski</b>		ADDRESS <b>525 S. Rappola St.</b>	

18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) <b>Cirrhosis of the liver</b>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Ascites</b>		
(C) <b>Terminal hemorrhage - esophageal varices</b>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William J. Connelly</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED <b>Oct. 29, 1951</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>11/2/51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>St. Stanislaus</b>	24D. LOCATION (City, town, or county) <b>Bundalk Ave.</b>	(State) <b>md.</b>
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR <b>John J. Connelly</b>		
		ADDRESS <b>418 Eastern Ave.</b>		

1-1-1901

2 days

timor

1000 ft

1000 ft

1000 ft

1000 ft

1000 ft

1000 ft

1000 ft

1000 ft



452  
AB-152392  
51 9298BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9298

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mary J. Collins

2. DATE  
OF  
DEATH

10-26-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTEBaltimore City Hospitals  
4940 Eastern Ave.4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

509 Quail St. zone 24

C. Length of stay in Baltimore

70yrs

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Dec. 20-1864

9. AGE (in years  
last birthday)

86

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ireland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Morris Moylan

(D)

14. MOTHER'S MAIDEN NAME

Bridget

(D)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.17. INFORMANT ADDRESS  
Baltimore City Hospitals  
Records: 4940 Eastern Ave.

18. E903.01

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) Cerebrovascular Accident

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

CERTIFICATION APPROVED BY

William E. Smith M.D.  
CHIEF OF ASSIST. MEDICALINTERVAL BETWEEN  
ONSET AND DEATH  
Several  
HoursII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Sept. 23-1951 3

19B. MAJOR FINDINGS OF OPERATION

Fracture right femoral neck

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

509 S. Quail St., Baltimore, Md.

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

Sept. 20-1951

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Slipped and fell to floor  
Patient fell in bathroom

26/5

22. I hereby certify that I attended the deceased from 9-21-1951 to 10-26-1951 that I last saw the  
deceased alive on 10-26-1951 and that death occurred at 10:30AM from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

4940 Eastern Ave., Balto., Md.

23C. DATE SIGNED

10-27-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/29/51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Frederick Rd.

(State)

md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

John J. Connelley, Inc.

VS 150

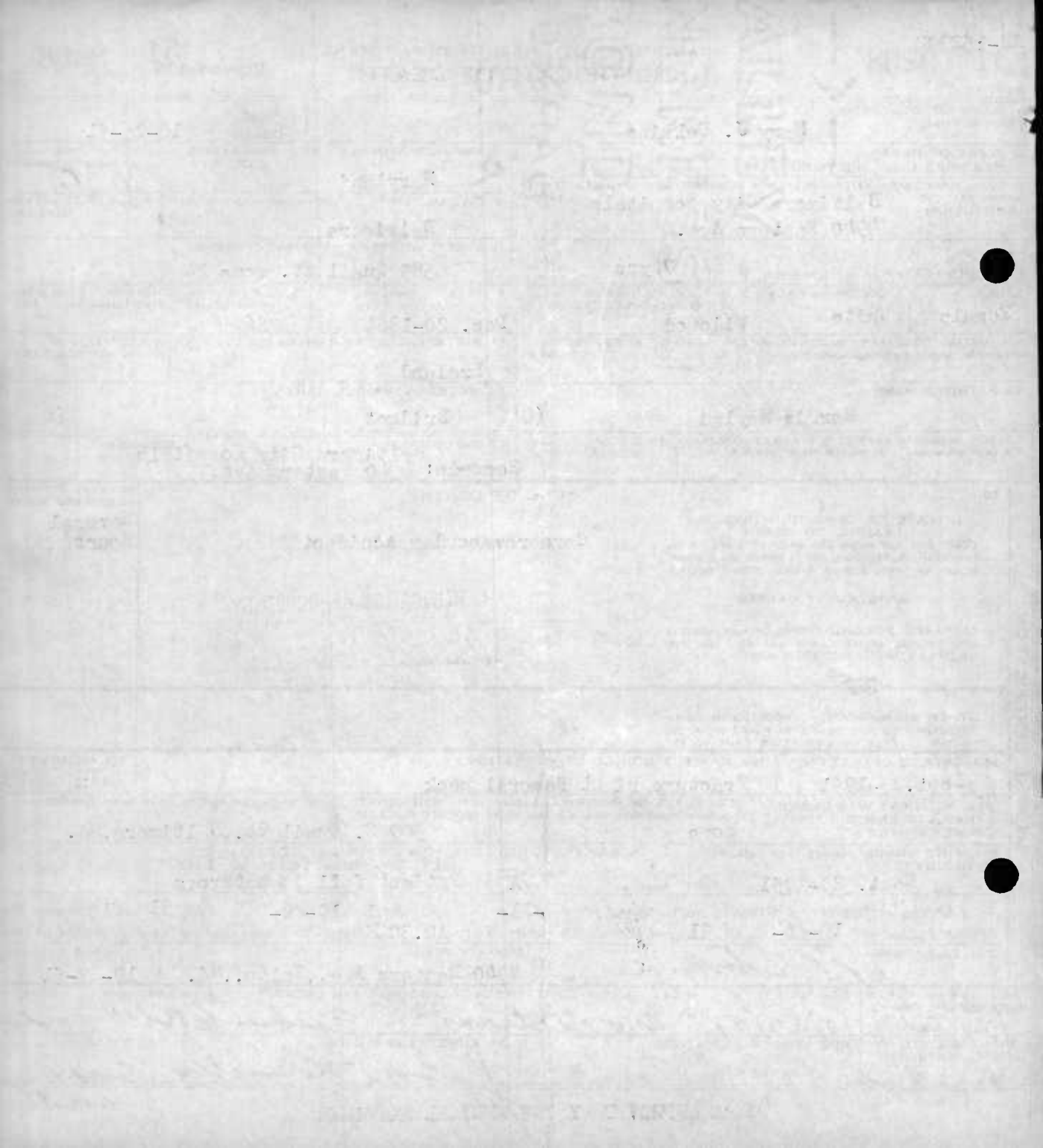
TO BE APPROVED BY THE MEDICAL EXAMINER

N-820.0

186a

MEDICAL CERTIFICATION





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. **51 9299**

BIRTH NO. **120 K5612 9299**

1. NAME OF DECEASED (Type or Print) **Veronica Karapowich (RAWLEWSKA)**

2. DATE OF DEATH **Oct. 26, 1951**

3. PLACE OF DEATH:  
A. Baltimore City, Maryland **Wound a3**

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
**JOHNS HOPKINS HOSPITAL**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE **Md**  
B. COUNTY **1-05**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
**Baltimore**

D. STREET ADDRESS (If rural, give location)  
**219 S. Maderia St**

5. SEX **female**

6. COLOR OR RACE **white**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH **1-6-76**

9. AGE (In years last birthday) **75**

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Packer**

10A. KIND OF BUSINESS OR INDUSTRY **Silo go.**

11. BIRTHPLACE (State or foreign country)  
**Poland**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME **John Pawoski**

14. MOTHER'S MAIDEN NAME **Agatha Zarawacki**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. **219-07-5889**

17. INFORMANT ADDRESS **JOHNS HOPKINS HOSPITAL**

18. **171X** CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Uremia**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Bilateral Uteral Obstruction**

DUE TO

(C) **Carcinoma Cervix**

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

**Asthmatic Bronchitis**

19A. DATE OF OPERATION **10/22**

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **10/22**, 19**51**, to **10/26**, 19**51**, that I last saw the deceased alive on **10/26**, 19**51**, and that death occurred at **10:30 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE **C. Herbert S. Brown** M. D.

23B. ADDRESS **JOHNS HOPKINS HOSPITAL**

23C. DATE SIGNED **26 Oct 51**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24B. DATE **Oct. 30, 1951**

24C. NAME OF CEMETERY OR CREMATORY **Holy Rosary**

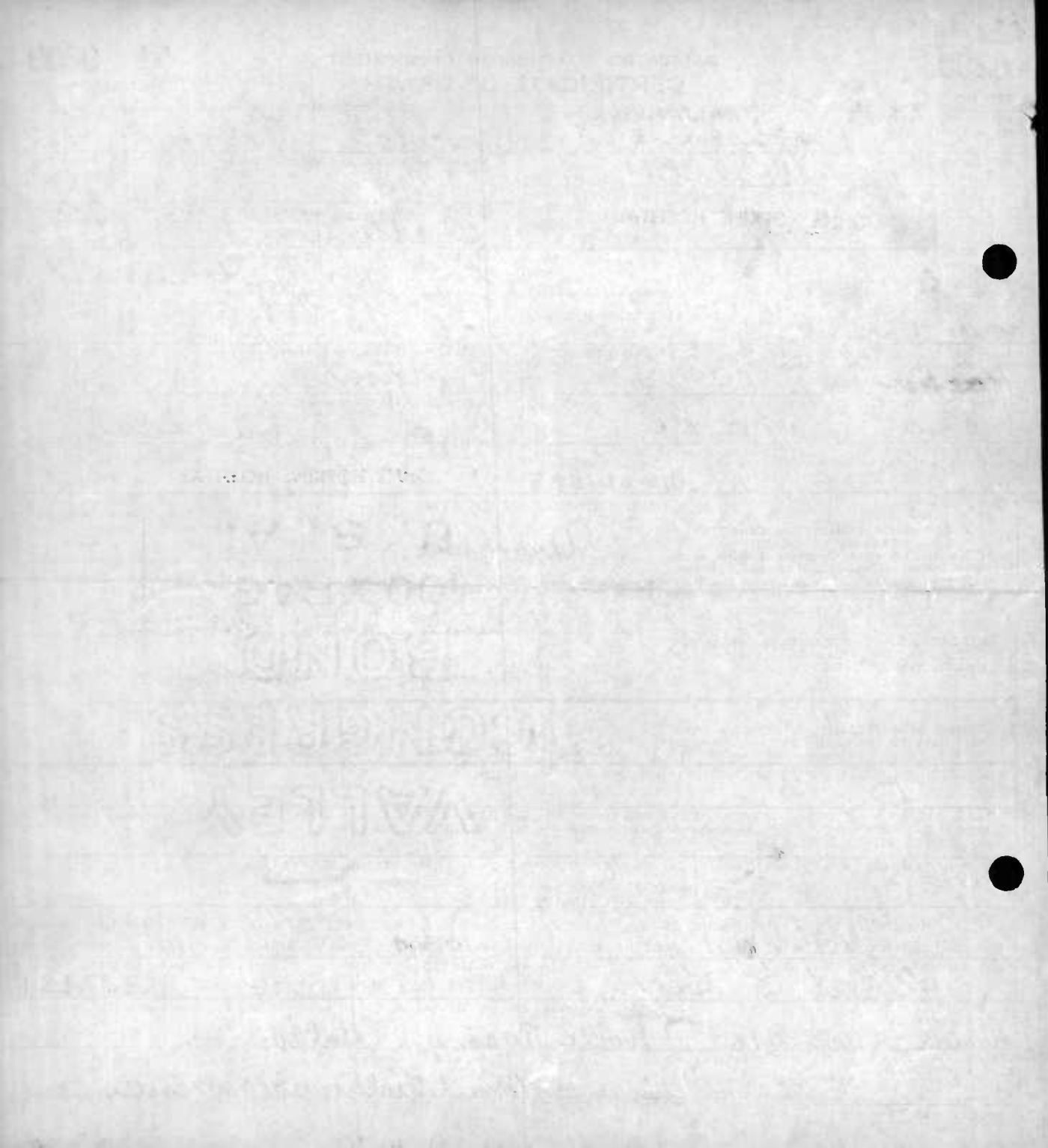
24D. LOCATION (City, town, or county) (State) **Balto. Co.**

DATE RECEIVED BY LOCAL REGISTRAR **OCT 29 1951**

REGISTRAR'S SIGNATURE **Huntington Williams, MD**

25. FUNERAL DIRECTOR **Wm. S. Fialkowski**

ADDRESS **2007 Eastern Ave**



162  
9300BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9300

BIRTH NO. 51-25122

1. NAME OF DECEASED  
(Type or Print)

Sydney Leigh Sparks

2. DATE  
OF  
DEATH

10-29-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore City, Md

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

Maryland General Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

504 Maude Ave.

C. Length of stay in Baltimore

1

5. SEX

Fe

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

10-27-51

9. AGE (In years

last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

1 19 4

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Clifford Paul Sparks

14. MOTHER'S MAIDEN NAME

Margaret Emma Mattheiss

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

NONE.

17. INFORMANT

Margaret Sparks

ADDRESS

same

18. 762.0 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Congenital Atelectasia of the Lungs - 3 weeks birth

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Multiple Pregnancy - Twins - "A"

43 hrs - 4 min

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-27, 1951, to 10-29, 1951, that I last saw the deceased alive on 10-29, 1951, and that death occurred at 8:42 A.M., from the causes and on the date stated above.

23A. SIGNATURE

D. P. Vicente M. D.

23B. ADDRESS

Maryland Gen. Hosp. 10-29-51

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

OCT 30 1951

WOODLAWN CEM

WOODLAWN

MD.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 29 1951

[Signature]

Ruffel Bldg. 1800 E LOMBARD

Handwritten text, mostly illegible due to fading and bleed-through. The text appears to be a letter or report, possibly dated 1911, mentioning "Department of Agriculture" and "Bureau of Plant Industry".

51 9301

200

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9301  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JOHN SACHS SR.

2. DATE  
OF  
DEATH

Oct 27-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2807 ORLEANS ST.

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)  
A. STATE B. COUNTY

2807 Orleans

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
BALTIMORE MD. 6-01C. Length of stay in Baltimore LIFE  
Yrs. Mos. Days

5. SEX M 6. COLOR OR RACE W 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH MARCH 9-1860 9. AGE (In years last birthday) 91 10. If Under 1 Year Months Days 7 11. If Under 24 Hours Hours Min. 10

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)  
BALTIMORE MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

JOHN SACHS

14. MOTHER'S MAIDEN NAME

LENA BALL

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.  
NONE17. INFORMANT ADDRESS  
MRS ANNA MARIE NONNIE

18. 44+X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH 2807 ORLEANS.

INTERVAL BETWEEN ONSET AND DEATH

(A) Cardio-vascular Renal Disease 6 mos  
DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Acute Cystitis 1 wk.  
DUE TO  
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Sept-1, 1951, to Oct 27-, 1951, that I last saw the deceased alive on Oct 27-1951, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Wm. G. Syfer M. D.

23B. ADDRESS

156 N. W. 1st St.

23C. DATE SIGNED

Oct 28-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

BURIAL

OCT-30-51

PARK WOOD -

BALTO. MD.

OCT 30 1951

Wm. G. Syfer

MAMIE COOK SYFER



DR-GEYER- 156-N. MILTON-

VALLEY

COLORED

BOND

100% COTTON



635  
51 9302BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9302  
Registered No.

BIRTH NO.

## I. NAME OF DECEASED

(Type or Print) Mary Catherine Gordon

## 2. DATE

OF DEATH October 27, 1951

## 3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE 3005 E. Monument St4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Maryland B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 7-01D. STREET ADDRESS (If rural, give location)  
3005 E. Monument Street

C. Length of stay in Baltimore 92 Yrs. 9 Mos. 9 Days

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH January 18, 1859

9. AGE (In years last birthday) 92

10 Under 1 Year 9 Months 26 Days 26 Hours 26 Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Housewife

10B. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country)  
Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Elizabeth Ann Ross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Haidee Gordon-3005 E. Monument Street

ADDRESS

18. 331X I

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage (Apoplexy)

DUE TO

INTERVAL BETWEEN ONSET AND DEATH 3 mos

## II ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Generalized Arterio Sclerosis

DUE TO

?

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 7, 1951, to Oct 27, 1951, that I last saw the deceased alive on Oct 26, 1951, and that death occurred at 12 A.M., from the causes and on the date stated above.

23A. SIGNATURE Joseph Pokorny

23B. ADDRESS 2200 E Madison St

23C. DATE SIGNED 10/29/51

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 10/30/51

24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery

24D. LOCATION (City, town, or county) (State) North Ave. &amp; Rose Street

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 30 1951

Frederick D. Miller, Inc 3019 E. Monument St.

VS 150

83a

MEDICAL CERTIFICATION



51 9303

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9303

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Harry W. Harward</i>		2. DATE OF DEATH <i>10-28-51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto 19-01</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hosp</i>		D. STREET ADDRESS (If rural, give location) <i>13 N. Fulton Ave</i>		E. LENGTH OF STAY IN BALTIMORE? <i>Yrs. Mos. Days</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>9/29/890</i>	9. AGE (In years last birthday) <i>61</i>	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>MACHINIST</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Retired - B.O.R.R.</i>		11. BIRTHPLACE (State or foreign country) <i>MD</i>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <i>Walter Harward</i>		14. MOTHER'S MAIDEN NAME <i>Mary Kelly</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>—</i>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>W. &amp; Mrs. Blanche Harward - Same</i>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Myocardial Failure</i> DUE TO <i>occlusion &amp; Coronary Infarction</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO		(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>10-26</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10-26</i> , 19 <i>51</i> , to <i>10-28</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>10-25</i> , 19 <i>51</i> , and that death occurred at <i>10:45 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Chas. Watson</i>		23B. ADDRESS <i>University Hosp</i>		23C. DATE SIGNED <i>10-25-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>10-30-51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>LODGE PARK CEM.</i>	
24D. LOCATION (City, town, or county) <i>BALTO.</i>		24E. LOCATION (City, town, or county) <i>MD.</i>		24F. LOCATION (City, town, or county)	
DATE RECEIVED BY LOCAL REGISTRAR <i>10-30-51</i>		REGISTRAR'S SIGNATURE <i>Walter W. Williams</i>		25. FUNERAL DIRECTOR ADDRESS <i>Henry D. Farley - Fulton Ave. Fayette St.</i>	

STANDARD FORM NO. 64

12-76-00

12-76-00

12/21

12-76-00

51 9304

ALEXIS  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

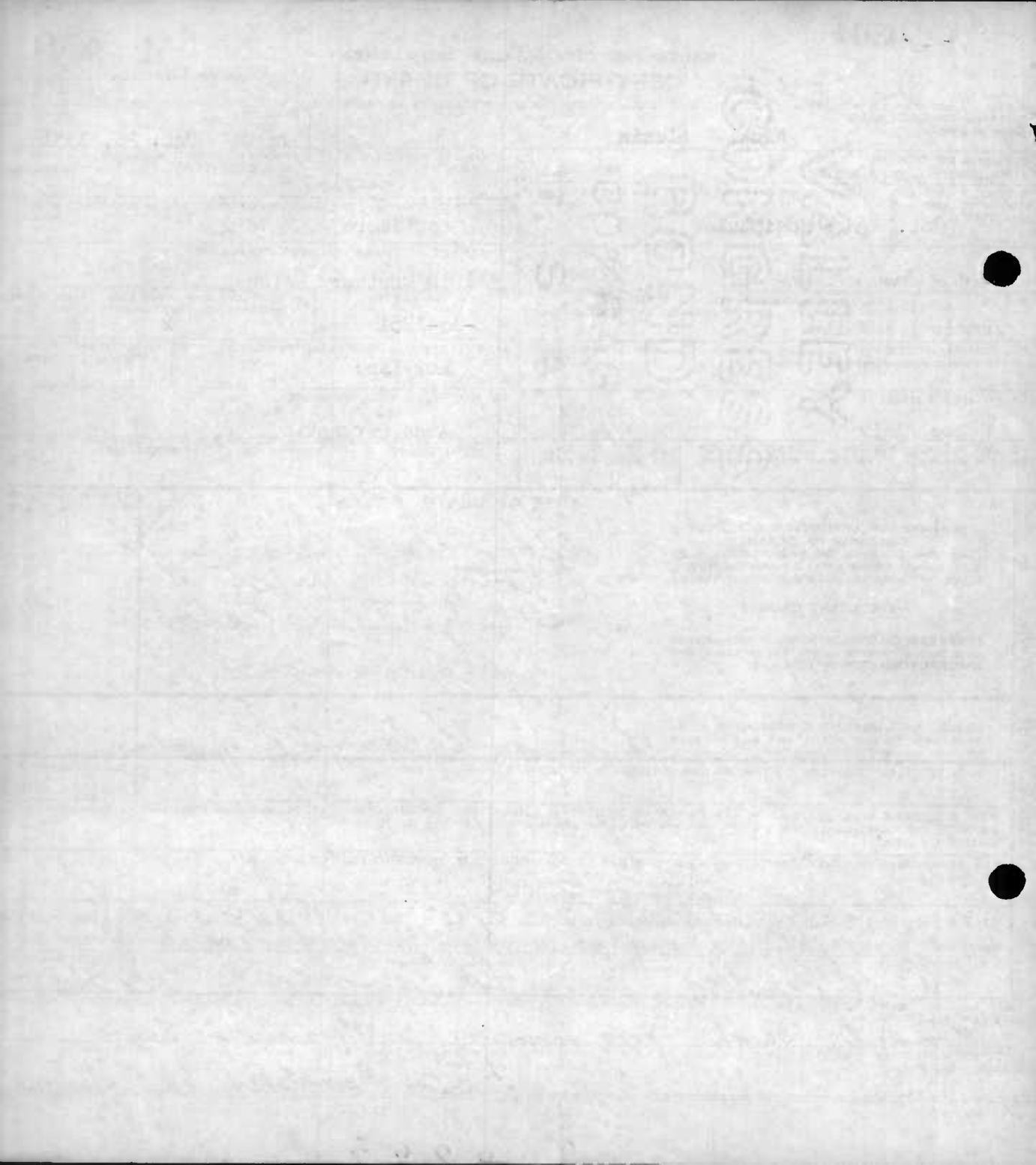
51 9304  
Registered No.

BIRTH NO. 51-18645

1. NAME OF DECEASED (Type or Print) <b>Nicki Alexis</b>			2. DATE OF DEATH <b>Oct. 28, 1951</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>St. Agnes Hosiptal</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baktimore 27-48</b>		
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <b>1010 Northern Parkway</b>		
5. SEX <b>Female</b>	6. COLOR or RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>S</b>	8. DATE OF BIRTH <b>8-15-1851</b>	9. AGE (In years last birthday) <b>2</b>	10. Under 1 Year Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>James Aleix</b>			14. MOTHER'S MAIDEN NAME <b>Anna Pergantis</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

MEDICAL CERTIFICATION

18. <b>7620 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CAUSE OF DEATH</b> (A) <b>Abdominal Distension</b> DUE TO <b>Etiology Undetected</b> (B) <b>Relative Atelectasis</b> DUE TO <b>Dehydration</b> (C) _____			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION <b>Serium Calcium Deficiency</b>		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>10/15, 1951</b> , to <b>10/28, 1951</b> , that I last saw the deceased alive on <b>10/28, 1951</b> , and that death occurred at <b>9:30 A.M.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>[Signature]</b>		23B. ADDRESS <b>[Signature]</b>		23C. DATE SIGNED <b>10/28/51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <b>Oct. 30-51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Green Cemetery</b>	
24D. LOCATION (City, town, or county) (State)		24E. FUNERAL DIRECTOR <b>London Funeral Home Inc.</b>		24F. ADDRESS <b>440 E. Hampton</b>	





51 9305

51 9305

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

Minniem. Meyer.

2. DATE  
OF  
DEATH12<sup>03</sup> PM 10.29.51

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Doctors Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 16-08

D. STREET ADDRESS (If rural, give location)

3936 Edmonson Ave.

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

widowed.

8. DATE OF BIRTH

APR. 8, 1876

9. AGE (In years  
last birthday)

75

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

OWN HOME

11. BIRTHPLACE (State or foreign country)

Pennsylvania.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Edmund WARNER

14. MOTHER'S MAIDEN NAME

AMANDA MONAHAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

GEORGE E. LUTHER, 3936 Edmonson Ave.

18.

442X I  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CAUSE OF DEATH

Acute myocardial failure sudden

Severe myocardial damage one year

Cardio-vascular - renal

INTERVAL BETWEEN  
ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐  
WORKNOT WHILE ☐  
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 14, 1951, to Oct 29, 1951, that I last saw the  
deceased alive on Oct 29, 1951, and that death occurred at 12:03 PM from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Nov 1, 1951

London Park

Baltimore, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 30 1951

Huntington Williams, Jr.

Harry Z. Hutzler

4101 Edmondson

VS 150

Dr. Schlegel

1312 Ave.

MEDICAL CERTIFICATION



Hr. Schey  
3921 Edm-

51 9306

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9306

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Percy Lewis

2. DATE  
OF  
DEATH

10/25/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

1001 Argyll Ave

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  
A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from 7/15, 1951, to 10/25, 1951, that I last saw the  
deceased alive on 10/25, 1951, and that death occurred at 330 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 30 1951

T. Williams, Jr.

Mrs. Katie R. Williams. 322 N. Schenck St.

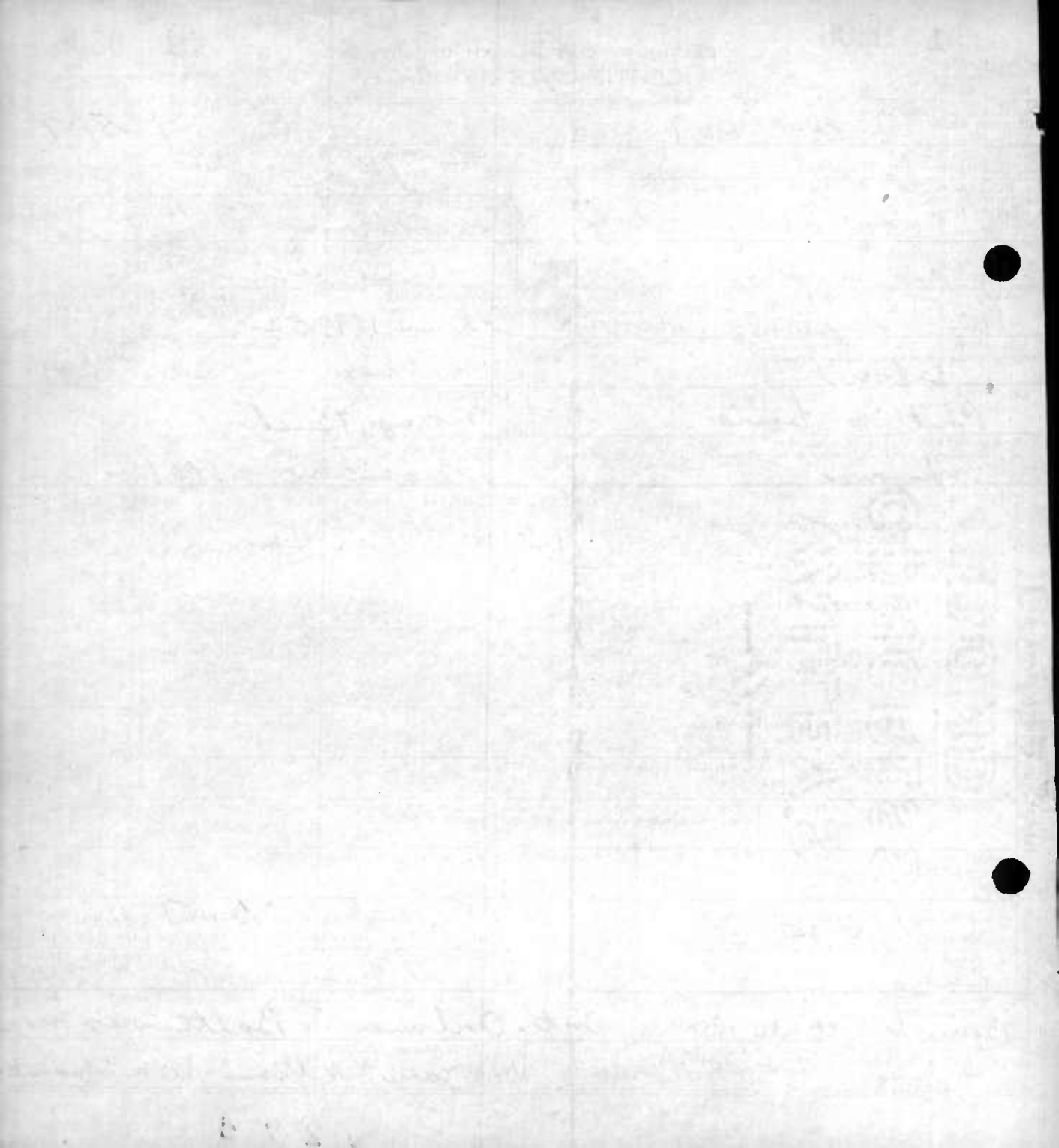
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111C

MEDICAL CERTIFICATION



51 9307

51 9307

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print)		ROSCOE ALPHEUS DAVIS		2. DATE OF DEATH Oct. 28, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore Co			
B. FULL NAME OF HOSPITAL OR INSTITUTION 3500 Grantley Rd.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Woodlawn			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 33 Summerfield Rd. 5300			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 26, 1886	9. AGE (In years last birthday) 65	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Asst. Auditor		10B. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (State or foreign country) Ohio	
13. FATHER'S NAME Lewis A. Davis		14. MOTHER'S MAIDEN NAME Clara E. Shaffstall			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Pearl M. Davis - 33 Summerfield Rd.	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) CARONARY THROMBOSIS		INTERVAL BETWEEN ONSET AND DEATH 2 hours	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct 2, 1951, to Oct 28, 1951, that I last saw the deceased alive on Oct 28, 1951, and that death occurred at 1:30 p.m., from the causes and on the date stated above.					
23A. SIGNATURE Arthur E. Davies		23B. ADDRESS 800 W 33rd St.		23C. DATE SIGNED 10-28-51	

24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 10/30/51		24C. NAME OF CEMETERY OR CREMATORY Lakewood Cem.		24D. LOCATION (City, town, or county) (State) Rocky River, Ohio	
DATE RECEIVED BY LOCAL REGISTRAR OCT 30 1951		REGISTRAR'S SIGNATURE VS 150		25. FUNERAL DIRECTOR J. J. Dickner & Sons		ADDRESS 94a Batts Md.	

000 50



51 9308

51 9308

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

BERTRAN HARRY CATZEN

2. DATE  
OF  
DEATH

Oct. 28, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Charles & Madison*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Stafford Hotel

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Stafford Hotel

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

July 2, 1893

9. AGE (In years  
last birthday)

58

If Under 1 Year  
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

President

10B. KIND OF BUSINESS OR  
INDUSTRY

Paper Box Co.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Wolf Catzen

14. MOTHER'S MAIDEN NAME

Lilly Raffel

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

yes

World War No. 1

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS Hotel

Mrs. Hortense Bowman Catzen-Stafford

18. *470.1*

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

*Coronary thrombosis**one day*

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

*Coronary artery disease**one month*

DUE TO

(C)

*26 days**(26 days)*II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.*no*

19A. DATE OF OPERATION

*none*

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Oct 27*, 1951, to *Oct 28*, 1951, that I last saw the  
deceased alive on *Oct 27*, 1951, and that death occurred at *555* m., from the causes and on the date stated above.

23A. SIGNATURE

*J. Frederick Leitz*

M. D.

23B. ADDRESS

*Temple Garden Apts*

23C. DATE SIGNED

*Oct. 29, 51*24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/30/51

24C. NAME OF CEMETERY OR CREMATORY

Balto. Hebrew Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

*William J. Williams, Jr.*

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Tickner &amp; Sons, Inc.

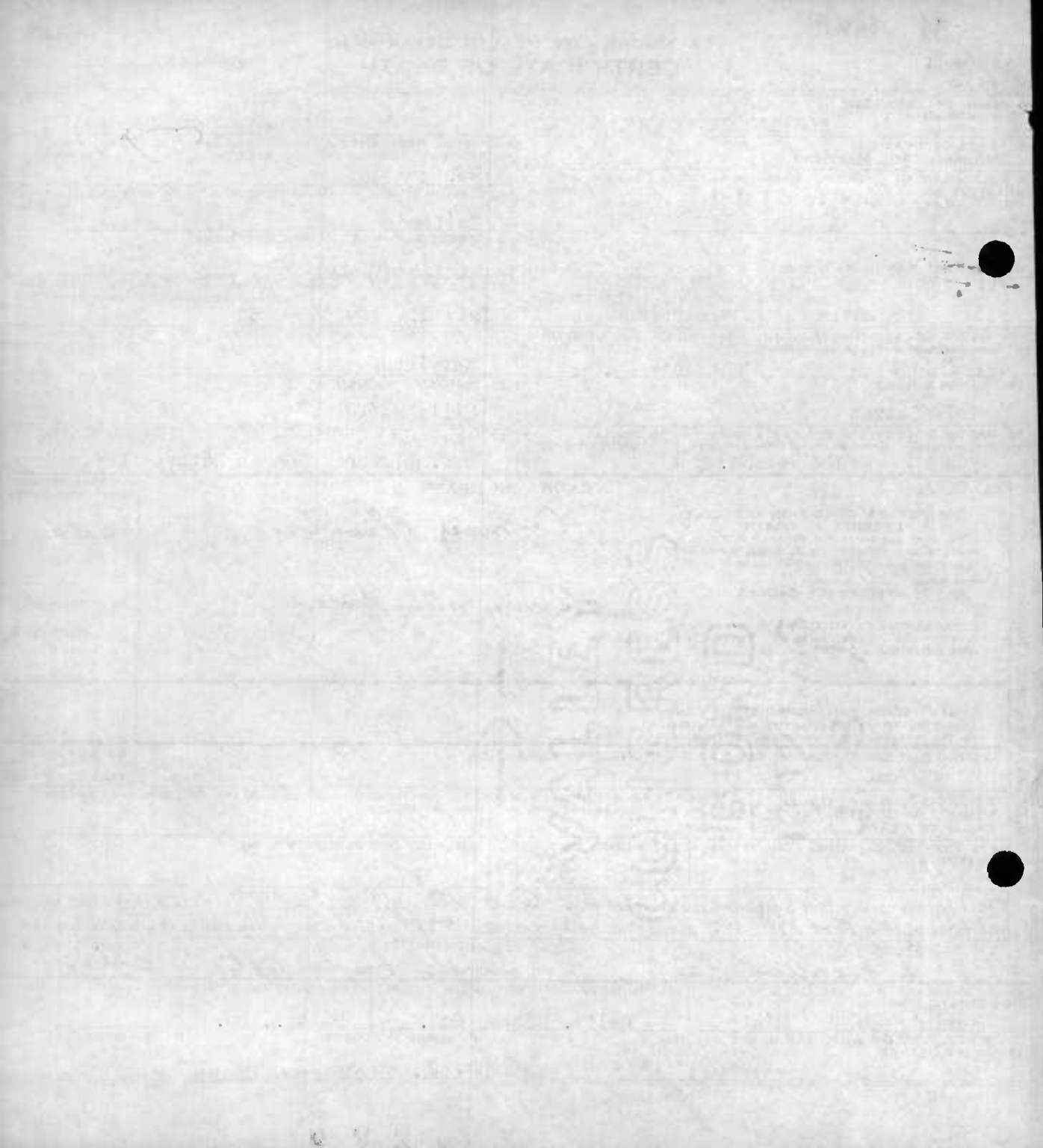
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94a

MEDICAL CERTIFICATION







51 9309

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

51 9309

BIRTH NO. 51-17767

1. NAME OF DECEASED  
(Type or Print)

BERNICE WHITE

2. DATE  
OF  
DEATH

Oct 28, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

S. Balt. General

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

→

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give  
township)

22-01

D. STREET ADDRESS (If rural, give location)

301 S. Sharp St.

8. DATE OF BIRTH

Aug 7-1907

9. AGE (In years  
last birthday)

2 MONTHS

If Under 1 Year  
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

+

11. BIRTHPLACE (State of foreign country)

Baltimore Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Harry White

14. MOTHER'S MAIDEN NAME

Flovia Lee.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

Harry White

ADDRESS

301 S. Sharp St.

18. 754.4

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Endocardial Fibroelastosis

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

Stanley H. Durelacher M.D.

23B. CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

23C. DATE SIGNED

Oct 28, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

Oct 30-51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cemetery

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

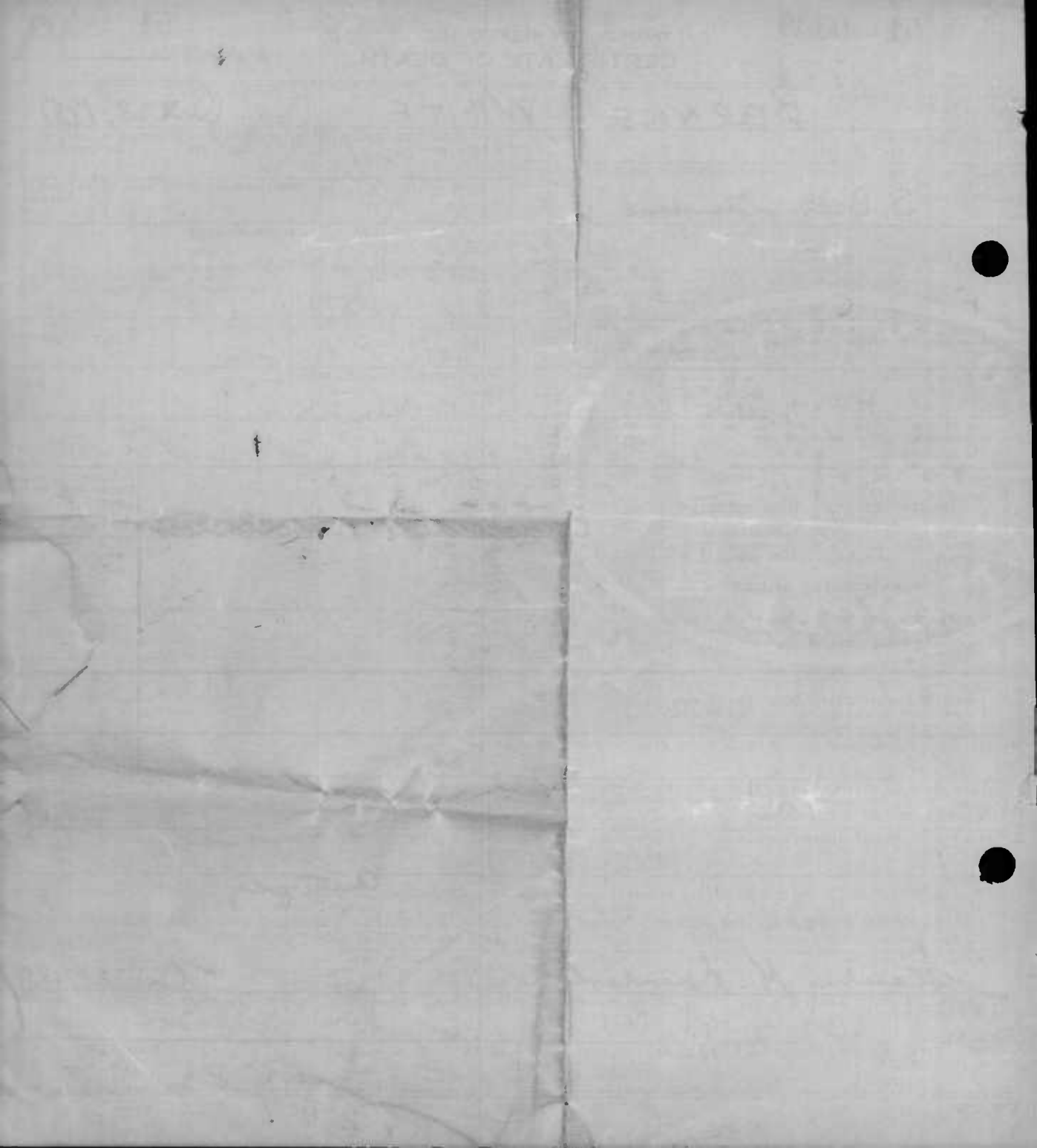
REGISTRAR'S SIGNATURE

William H. Williams, M.D.

25. FUNERAL DIRECTOR

W. H. Spriggs - 139 Williams Street

ADDRESS



553

HLC-153449

51

9310

BALTIMORE CITY HEALTH DEPARTMENT

51

9310

## CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Claude Hinnant (Hennant)

2. DATE  
OF  
DEATH

10-29-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTIONBaltimore City Hospitals  
4940 Eastern Avenue4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

12-05

D. STREET ADDRESS (If rural, give location)

200 E. Federal Street

C. Length of stay in Baltimore

20 Years

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

N

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 26, 1901

AGE (in years  
and birth day)

50

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

LABORER

10B. KIND OF BUSINESS OR  
INDUSTRY

CONST.

11. BIRTHPLACE (State Foreign country)

North Carolina

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Tom Hinnant

14. MOTHER'S MAIDEN NAME

Nora (Norah) Cont.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

B.C.H. Record Room 4940 Eastern Avenue

18. 330X

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Subarachnoid Hemorrhage

DUE TO

INTERVAL BETWEEN  
ONSET AND DEATH

48 Hrs.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-27-51, 19, to 10-29-51, 19, that I last saw the  
deceased alive on 10-29-51, 19, and that death occurred at 4:00 A.M. from the causes and on the date stated above.

23A. SIGNATURE

J. S. Rogers

M. O.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

10-29-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

11-1-51

24C. NAME OF CEMETERY OR CREMATORY

Wilson Cem

24D. LOCATION (City, town, or county)

Wilson North Carolina

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William J. Williams

25. FUNERAL DIRECTOR

ADDRESS

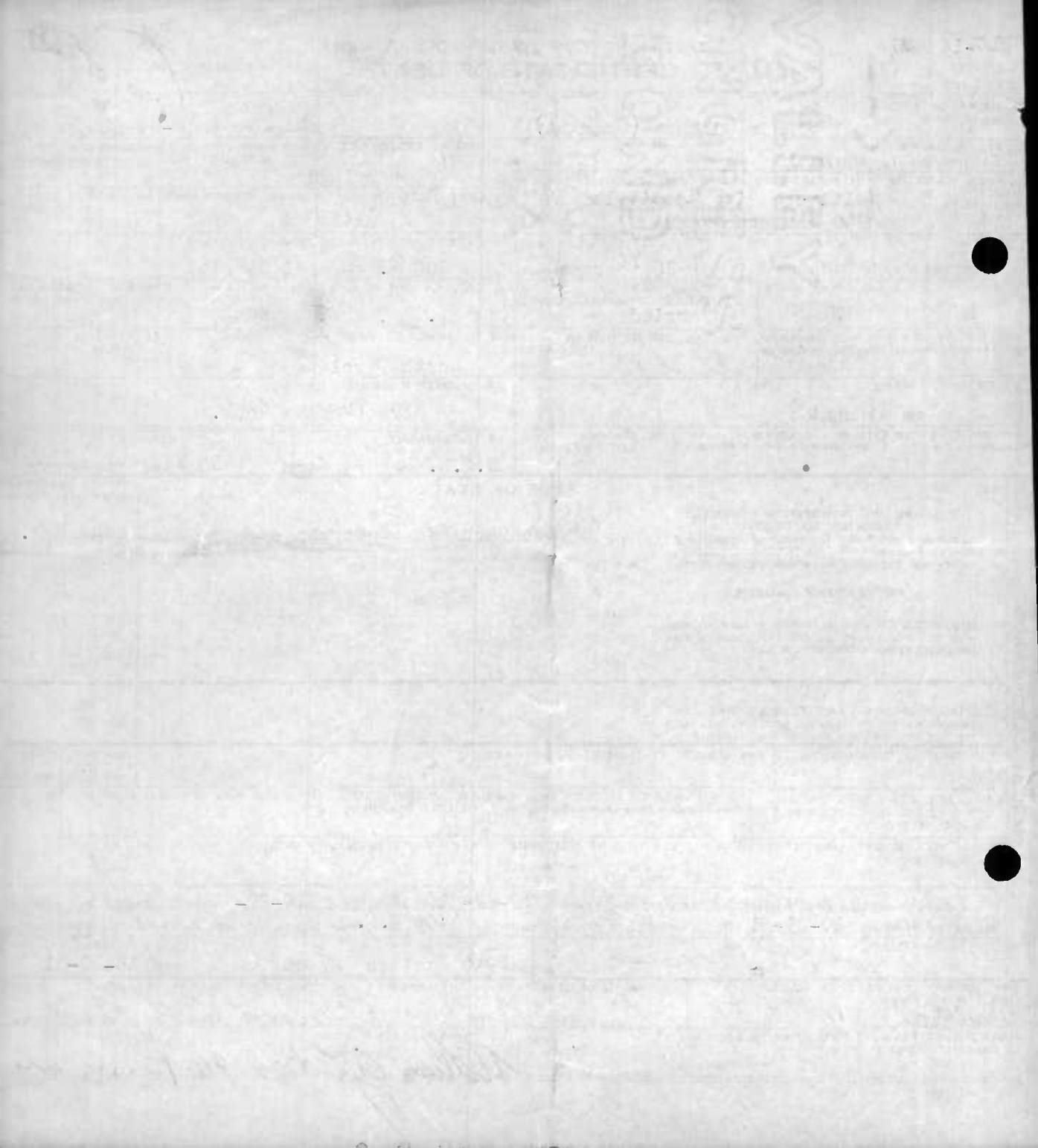
William J. Jackson 916 Penna ave

VS 150

97024

83a

MEDICAL CERTIFICATION



51 9311  
362BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9311  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)HENRY <sup>M.</sup> STERGER - se.2. DATE  
OF  
DEATH

10.27.51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

Franklin Sq. Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE

Md.

B. COUNTY

before admission)

11-03

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

847 N. Eutaw St. Balto.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

11.23.1882

9. AGE (In years  
last birthday)

68

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Representative

10B. KIND OF BUSINESS OR  
INDUSTRY

Legal Dept.

11. BIRTHPLACE (State or foreign country)

Indiana

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Frederick Sterger

14. MOTHER'S MAIDEN NAME

Elizabeth PIRMAN

15. WAS DECEASED EVER IN U. S. ARMY FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

213-10-9530

17. INFORMANT

ADDRESS

Anna M. Sterger - same

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Myocardial Infarction

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10.26, 1951, to 10.27, 1951, that I last saw the  
deceased alive on 10.27, 1951, and that death occurred at 1 A.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

Franklin Sq. Hospital

23C. DATE SIGNED

10.27.51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

501959

Washington Williams, M.D.

G. Bligher &amp; Son 1300 Eutaw Place

VS 150

3008U

94a '7

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

REGISTRATION

100

100





310

51 9312

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9312

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JULIUS UDOFF

2. DATE  
OF  
DEATH

October 29 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland SINAI HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

25 N. Collington Ave.

C. Length of stay in Baltimore

33 Yrs

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 15, 1882

9. AGE (in years  
last birthday)

69

If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Tailoring

10B. KIND OF BUSINESS OR  
INDUSTRY

Coat Maker

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Udoff

14. MOTHER'S MAIDEN NAME

Bailey ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

216-10-4898

17. INFORMANT

ADDRESS

Mrs Mary Udoff 25 N Collington Ave

18. DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

10 hrs

Chronic Myocarditis from 1/5/50

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/5/50, 1951, to 10/29, 1951, that I last saw the  
deceased alive on 10/29, 1951, and that death occurred at 9:40 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct 30, 1951

24C. NAME OF CEMETERY OR CREMATORY

Beth Tfiloh Cemetery

24D. LOCATION (City, town, or county)

Windsor Mill Road

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS 1126 W

VS 150

59046

300

937

MEDICAL CERTIFICATION



216

10

4889A

51 9313

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9313

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

Daisy Blue

2. DATE  
OF  
DEATH

October 26, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

2101 Coldspring Lane

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

16-02

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

1424 W. Lafayette Ave.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Cook

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Thomas Ross

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Samuel Blake 1103 Myrtle Av.

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Arteriosclerosis

DUE TO

Hypertensive cardio-  
vascular disease

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CAUSE LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Malnutrition

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐  
WORKNOT WHILE ☐  
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-7, 1951, to 8-10, 1951, that I last saw the  
deceased alive on 8-10, 1951, and that death occurred at 8:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE

C. R. Campbell

M. D.

23B. ADDRESS

718 Dolphin St.

23C. DATE SIGNED

10-29-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

10-30-51

Mt. Calvary Cem

Anne Arundel Co., Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 30 1951

C. R. Campbell

Wm. Frances G. Hensley

578 W. Biddle St.



51 9314

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9314

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Addie Jackson

2. DATE  
OF  
DEATH

10-28-57

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

University Hospital

C. Length of stay in Baltimore

Life

5. SEX

Female

6. COLOR OR RACE

Black

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

625 South Paca St.

5. SEX

Female

6. COLOR OR RACE

Black

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9. AGE (in years  
last birthday)

64

If Under 1 Year  
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, or if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Wm. Chase

14. MOTHER'S MAIDEN NAME

Harrett Gross

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Elexandry 625 S Paca St

18. 153X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Intestinal Obstruction

INTERVAL BETWEEN  
ONSET AND DEATH

14 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

DUE TO

(C)

Sigmoid Carcinoma

?

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Femoral Hernia, Rpt incarcerated?

19A. DATE OF OPERATION

10-16-57

19B. MAJOR FINDINGS OF OPERATION

Sigmoid Carcinoma causing obstruction; femoral.

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

22. I hereby certify that I attended the deceased from 10/16/57, 19 to 10/26/57, 19, that I last saw the deceased alive on 10/26, 19, and that death occurred at 12:25 A.M. from the causes and on the date stated above.

23A. SIGNATURE

Roger D. Scott

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

10/27/57

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

10-31-57

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cem. C. A. Co.

24D. LOCATION (City, town, or county)

(State)

Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Mr. J. Francis H. Hensley

Biddle St

CT 3 01951

VS 150

46E

9510120302

MEDICAL CERTIFICATION

Handwritten notes, possibly a list or index, located in the upper left quadrant of the page.

Handwritten notes, possibly a list or index, located in the upper right quadrant of the page.

Handwritten notes at the bottom of the page, possibly a summary or conclusion.

524  
51 9315

51 9315

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>WILLIAM JOSEPH HINKLE</b>			2. DATE OF DEATH <b>October 29, 1951</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland 2716 Jefferson St.</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>HOSPITAL OR INSTITUTION</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 7-02</b>		
C. <b>Birth of stay in Baltimore</b> <b>life</b>			D. STREET ADDRESS (If rural, give location) <b>2716 Jefferson St.</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>March 12, 1868</b>	9. AGE (In years last birthday) <b>83</b>	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired - Composer</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>A. Thompson Prtg.Co.</b>		11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>			13. FATHER'S NAME <b>unknown</b>		
14. MOTHER'S MAIDEN NAME <b>unknown</b>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>no</b>		
16. SOCIAL SECURITY NO.			17. INFORMANT <b>Henrietta Hinkle, wife, above</b>		

18. <b>420.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Acute Cardiac Failure</b> DUE TO <b>Arteriosclerotic Heart + Cerebral Disease</b> DUE TO <b>generalized Arteriosclerosis</b>	INTERVAL BETWEEN ONSET AND DEATH <b>24 hours</b> <b>1-2 years</b> <b>10 yrs.</b>
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) <b>INJURY</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Jan. 3, 1950</b> to <b>Oct. 28, 1951</b> that I last saw the deceased alive on <b>Oct. 25, 1951</b> and that death occurred at <b>12:45 a.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Isaac Rosen</b>		23B. ADDRESS <b>2413 E. Monument St.</b>		23C. DATE SIGNED <b>10/29/51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Oct. 31, 1951</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Loudon Park Cem.</b>	
24D. LOCATION (City, town, or county) (State) <b>Balto. Md.</b>		24E. FUNERAL DIRECTOR <b>Schimunek Funeral Home, Inc.</b>		24F. ADDRESS <b>2601-3-5 E. Madison St.</b>	

DATE RECEIVED BY LOCAL REGISTRAR **OCT 30 1951** REGISTRAR'S SIGNATURE **William Williams, M.D.**

1545



51 9316

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9316

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JOSEPH S. SOLLERS

2. DATE  
OF  
DEATH

October 28, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

4334 Roland Court

life

Yrs.  
Mos.  
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-14

D. STREET ADDRESS (If rural, give location)

4334 Roland Court

C. Length of stay in Baltimore

5. COLOR OR RACE

Male

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
widowed

8. DATE OF BIRTH

Jan. 19, 1899

9. AGE (In years  
last birthday)

52

If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Attorney

10B. KIND OF BUSINESS OR INDUSTRY

U.S.F. &amp; G.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Joseph Petterson Sollers, Jr.

14. MOTHER'S MAIDEN NAME

Rosa Somervell Sedwick

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Joseph S. Sollers, Jr. 4334 Roland Court

18. E 976X

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Gunshot wound of head

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)  
Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

4334 Roland Court

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

Oct. 28, 1951 11:00 A.m.

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Firearms

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐ suicide ☒ homicide ☐ undetermined ☐.

23A. SIGNATURE

William Wood

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒

23C. DATE SIGNED

Oct. 29, 1951

M.D.

MEDICAL INVESTIGATOR

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)  
cremation

24B. DATE

10 - 31 - 51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

OCT 30 1951

John O. Mitchell, Jr.

25. FUNERAL DIRECTOR

ADDRESS

John O. Mitchell &amp; Sons, Inc. - 1900 Eutaw Place

VS 151

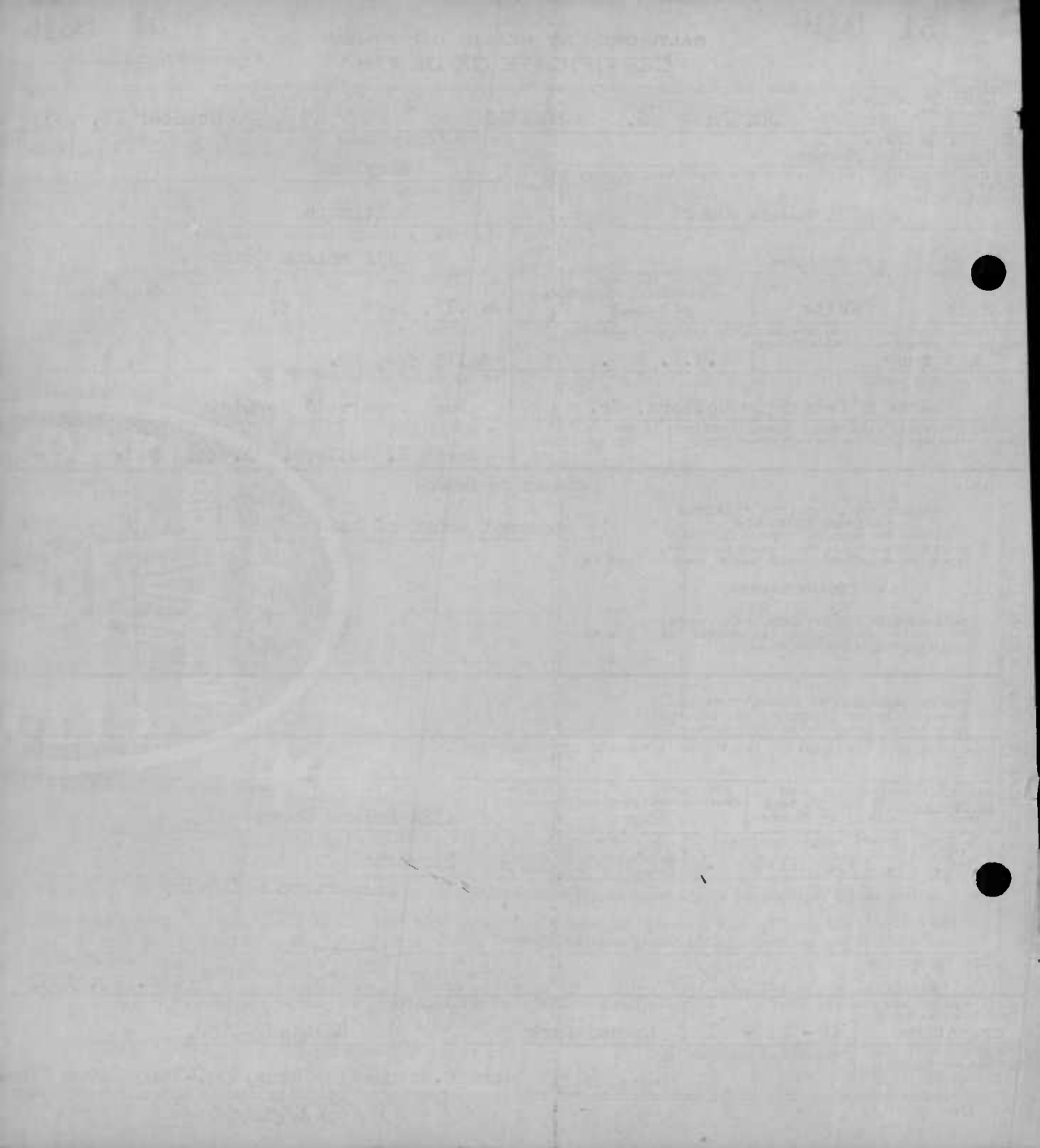
N-853.4

055 73

M B Mitchell

164 c 2

MEDICAL CERTIFICATION



365  
51 9317

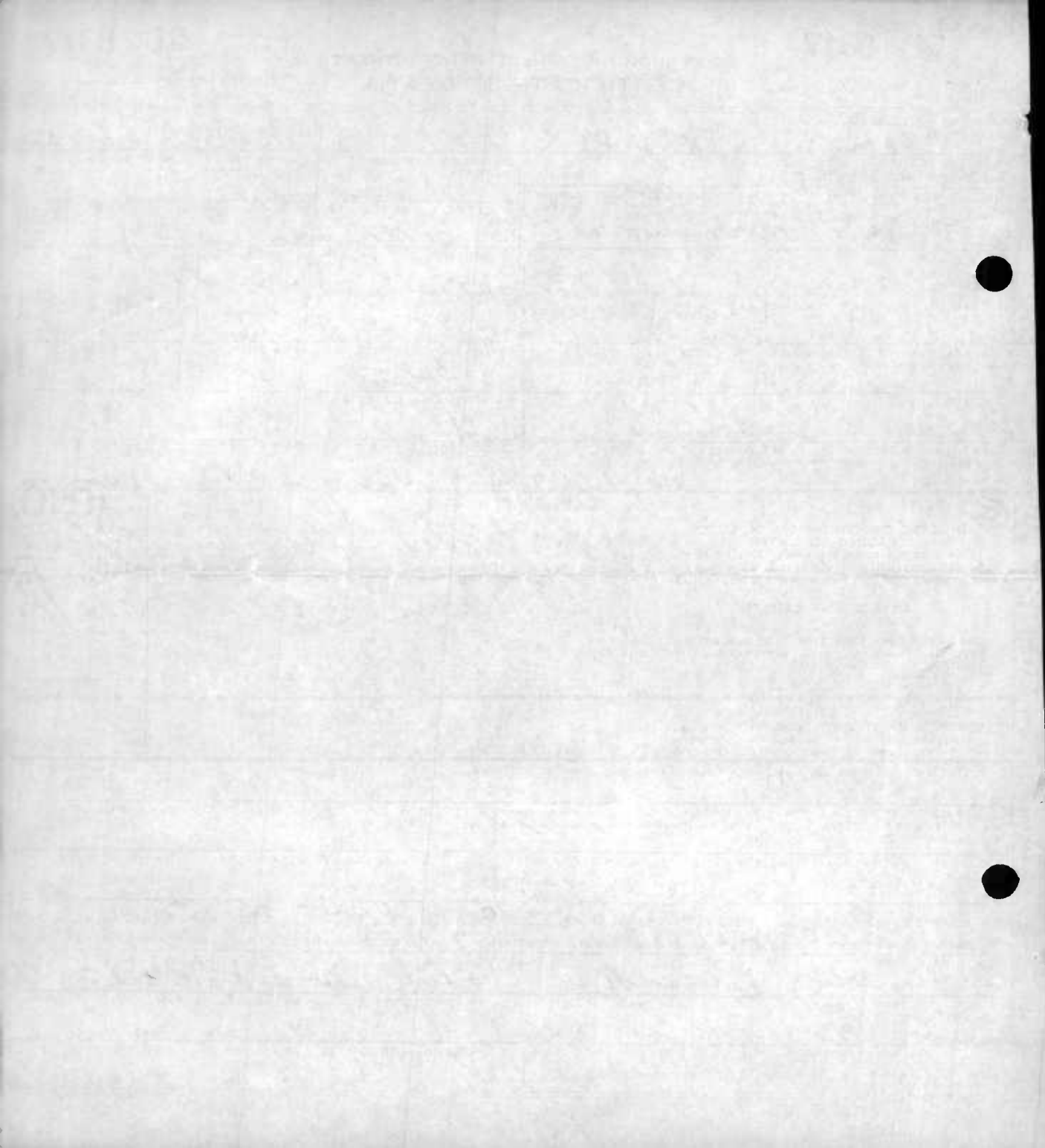
51 9317

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>JAMES STREMPER</b>		2. DATE OF DEATH <b>Oct 28 / 51</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>1913 E Fairmount ave</b>		C. CITY OR TOWN <b>Baltimore</b> (If outside corporate limits, write RURAL and give township) <b>6-04</b>	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <b>1913 E. Fairmount ave</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>April 8 1895</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Tailor</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Clothing</b>	9. AGE (In years last birthday) <b>56</b>
11. FATHER'S NAME <b>Henry Strempek</b>		12. CITIZEN OF WHAT COUNTRY? <b>Poland</b>	
13. FATHER'S NAME <b>Henry Strempek</b>		14. MOTHER'S MAIDEN NAME <b>Catherine Burras</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>315-18-3067</b>	
17. INFORMANT <b>Joseph Strempek</b>		ADDRESS <b>1913 E. Fairmount</b>	
18. I <b>163X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Hypostatic pneumonia</b> DUE TO <b>Coronary of lung</b> INTERVAL BETWEEN ONSET AND DEATH <b>10/26/51</b> <b>5/10/51</b>			
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</b>			
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>5-10</b> , 19 <b>51</b> , to <b>Oct 28</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>Oct 28 1951</b> , and that death occurred at <b>7 A m.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>William J. C. ...</b>		23B. ADDRESS <b>801 H. ...</b>	
23C. DATE SIGNED <b>Oct 29 51</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Oct 31 1951</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Holy Rosary</b>		24D. LOCATION (City, town, or county) (State) <b>Baltimore County</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 30 1951</b>		REGISTRAR'S SIGNATURE <b>William J. C. ...</b>	
25. FUNERAL DIRECTOR <b>John M. Weber</b>		ADDRESS <b>401 S. Chestnut St</b>	



325 51 9318

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9318

Registered No.

BIRTH NO.		4. NAME OF DECEASED (Type or Print) <i>Hutson, Harrison</i>		2. DATE OF DEATH <i>OCT-29-51</i>	
3. PLACE OF DEATH: <i>Baltimore City, Maryland</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY <i>25-05</i>			
5. FULL NAME OF (If not in hospital or institution, give street address or location) <i>SOUTH BATT. GEN. HOSP.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i>			
6. Length of stay in Baltimore Yrs. <i>0</i> Mos. <i>0</i> Days <i>0</i>		D. STREET ADDRESS (If rural, give location) <i>1605 Church ST.</i>			
5. SEX <i>m</i>	6. COLOR OR RACE <i>w</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Feb-4-1887</i>	9. AGE (In years last birthday) <i>64</i>	10. Under 1 Year Months <i>0</i> Days <i>0</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Electric Welder</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Bethlehem Shipyard, Md.</i>		11. BIRTHPLACE (State or foreign country) <i>U.S.</i>	
13. FATHER'S NAME <i>John Y. Hutson</i>		14. MOTHER'S MAIDEN NAME <i>Mary Simmons</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>215-01-3935</i>		17. INFORMANT ADDRESS <i>Marymat E. Hutson 1605 Church St</i>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Obstruction, anastomosis stomach</i>		CAUSE OF DEATH (A) <i>Obstruction, anastomosis stomach</i> DUE TO (B) <i>Carcinoma, stomach</i> DUE TO (C) <i>Coronary arteriosclerosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>151X</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>10-29-51</i>		19B. MAJOR FINDINGS OF OPERATION <i>Carcinoma stomach</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>South Batts. Gen. Hosp.</i>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) <i>10-29-51</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>OCT 5</i> , 19 <i>51</i> , to <i>OCT 29</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>10-29-51</i> , and that death occurred at <i>8:25 P.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Seng-yei Tan</i>		23B. ADDRESS <i>South Batts. Gen. Hosp.</i>		23C. DATE SIGNED <i>10-29-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		24B. DATE <i>Nov. 11/1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Green Haven</i>	
24D. LOCATION (City, town, or county) (State) <i>A. B. Co. Md.</i>		25. FUNERAL DIRECTOR <i>A. G. Conrad &amp; Sons</i>		ADDRESS <i>1400 S. Charles St.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 30 1951</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>A. G. Conrad &amp; Sons</i>	

6853U

46B

MEDICAL CERTIFICATION

STATE OF NEW YORK  
OFFICE OF THE ATTORNEY GENERAL  
ALBANY, N. Y.

ALBANY, N. Y.  
JANUARY 1, 1900

SIR:

I have the honor to acknowledge the receipt of your letter of the 29th inst.

and in reply to inform you that the same has been forwarded to the proper authorities for their consideration.

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. \_\_\_\_\_

BIRTH NO. G 76876

1. NAME OF DECEASED  
(Type or Print)

MARY AGNES FLYNN

2. DATE OF DEATH

10, 30, 51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md

B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION

MERCY

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1572 CARSWELL ST.

6. Length of stay in Baltimore

Life

7. SEX

F

8. COLOR OR RACE

w

9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

child

10. DATE OF BIRTH

APR. 27, 1947

11. AGE (in years last birthday)

4

12. Under 1 Year

Months: Days

13. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

child

10B. KIND OF BUSINESS OR INDUSTRY

—

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

James Joseph Flynn

14. MOTHER'S MAIDEN NAME

Grace Cross

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

no

16. SOCIAL SECURITY NO.

—

17. INFORMANT

James J. Flynn

1572 Carswell Street  
ADDRESS

18. 200.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) lympho sarcoma

1 yr.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 10/29, 1951, to 10/29, 1951, that I last saw the deceased alive on 10/29, 1951, and that death occurred at 12:40 Am., from the causes and on the date stated above.

23A. SIGNATURE

James J. Flynn

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

10/30/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

11/2/51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

CT 3 01951

REGISTRAR'S SIGNATURE

Washington Williams, MD

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

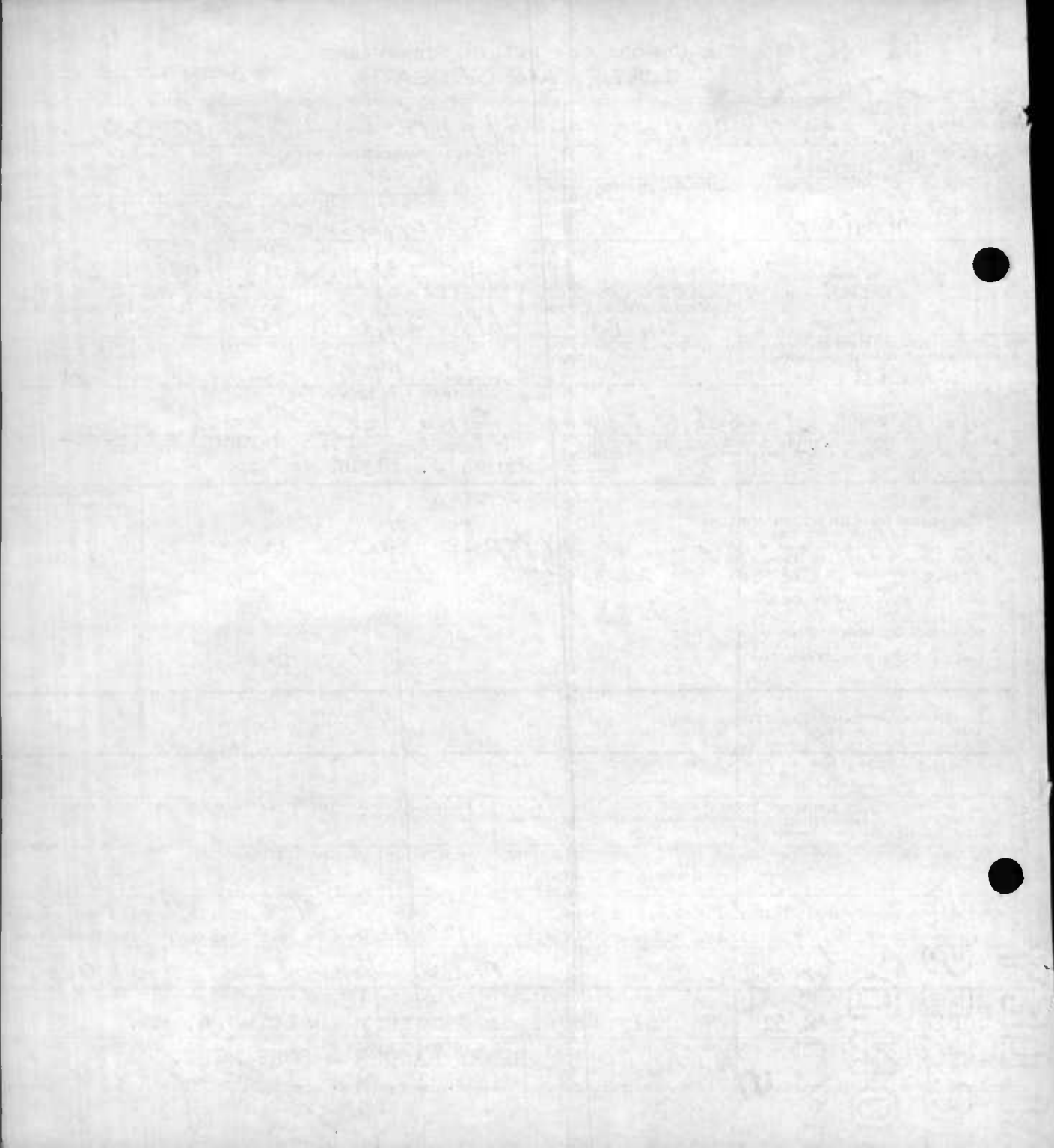
ADDRESS

BALTO. 13, MD.

Scay J. Sander

MEDICAL CERTIFICATION





600  
51 9320BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9320

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MARIE ELIZABETH FREY

2. DATE  
OF  
DEATH

Oct. 27, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

4919 Eastern Avenue

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

Life

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

26-05

D. STREET ADDRESS (If rural, give location)

5023 Eastern Avenue

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR INDUSTRY

at home

8. DATE OF BIRTH

Aug. 3, 1913

9. AGE (In years last birthday)

38

If Under 1 Year Months Days Hours Min.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Max Kalow

14. MOTHER'S MAIDEN NAME

Susan Koutz

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

7

17. INFORMANT ADDRESS  
5023 Eastern Avenue  
Lawrence G. Frey

18. 151X I

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinomatosis

DUE TO

3 mos.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Carcinoma of stomach

DUE TO

4 mos.

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

8/20/51

19B. MAJOR FINDINGS OF OPERATION

Metastatic malignancy in liver

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/16/51, 19 to 10/16/51, 19, that I last saw the deceased alive on 10/16/51, 19, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

104 W. Madison St., Balto. 1, Md. 10/29/51

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

10/30/51

24C. NAME OF CEMETERY OR CREMATORY

OAK LAWN CEMETERY

24D. LOCATION (City, town, or county) (State)

BALTIMORE, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

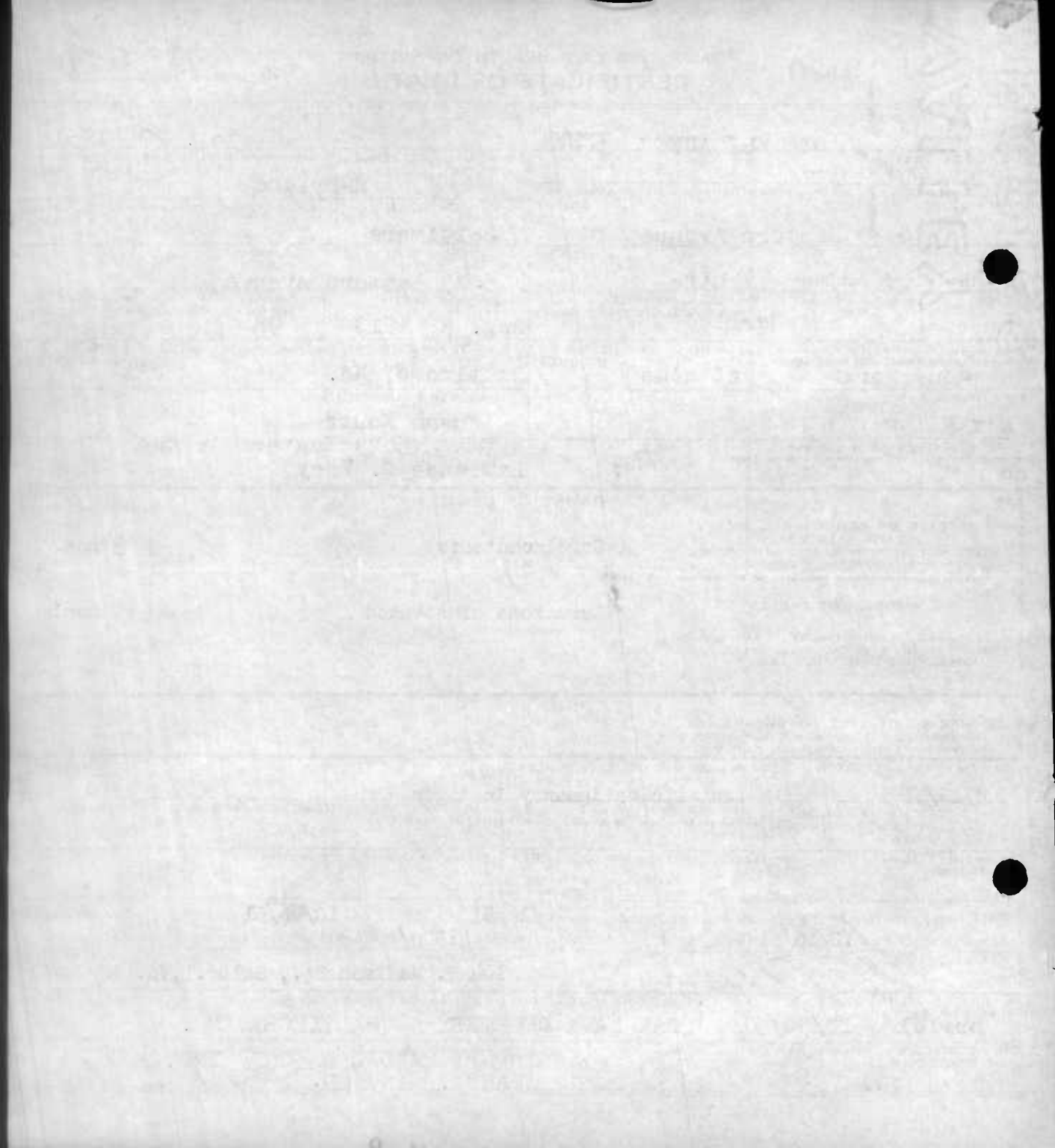
HENRY SANDER &amp; SONS, INC.

BALTO., 13, MD.

ADDRESS

VS 150

46B



51

9321

# 11-5-51

## Baltimore City Health Department

### CERTIFICATE OF DEATH

51

9321

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

RUFUS HOWARD HOWE

2. DATE  
OF  
DEATH

October 26, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

John Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1440 Ashland Avenue

c. Length of stay in Baltimore 35 Yrs.

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

11/11/1898

9. AGE (In years last birthday)

52

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Crane Operator

10B. KIND OF BUSINESS OR INDUSTRY

Copper Works

11. BIRTHPLACE (State or foreign country)

Calvert Co. Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Sewell Howard Howe

(M)

14. MOTHER'S MAIDEN NAME

Sarah Russell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Anna Howard 1414 Ashland Ave

18. 422.1

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardiovascular Disease

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

W. Lee Wilson

M.D.

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒

23C. DATE SIGNED

10/26/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

10/30/1951

Arbutus Mem. Park

Baltimore

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

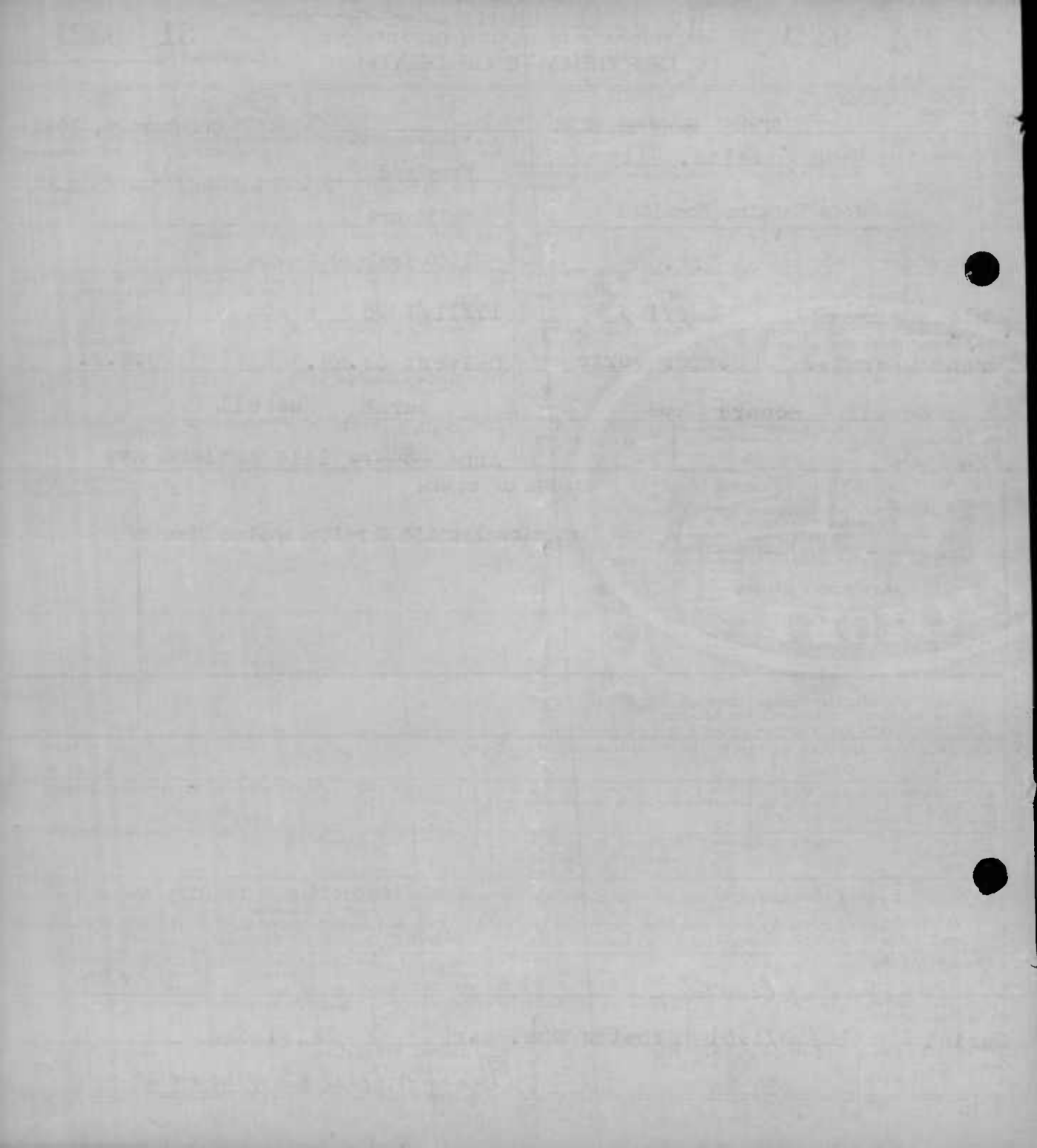
ADDRESS

VS 151

513 30

9321

nae



626	51 9322	BALTIMORE CITY HEALTH DEPARTMENT	51 9322
BIRTH NO.		CERTIFICATE OF DEATH	
1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Clarence Ugruhart		Oct 29, 1951 2:55 PM	
3. PLACE OF DEATH: A. Baltimore City, Maryland 202 W. Cross St		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. 23-01	
C. Length of stay in Baltimore 28 yrs		D. STREET ADDRESS (If rural, give location) 202 W. Cross St	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
Male	Colored	Married	May 1, 1898
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday)
Laborer		Meat. Packer	53 yrs
13. FATHER'S NAME		11. BIRTHPLACE (State or foreign country)	
Lee Ugruhart		N. C.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME	
		Elizabeth Williams	
17. INFORMANT		ADDRESS	
Dcey Ugruhart			
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	
153X		Carcinoma of Colon	
ANTECEDENT CAUSES		INTERVAL BETWEEN ONSET AND DEATH	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
0			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED	
		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from Oct 29, 1951, to Oct 29, 1951, that I last saw the deceased alive on Oct 29, 1951, and that death occurred at 11:00 m., from the causes and on the date stated above.		21F. HOW DID INJURY OCCUR?	
23A. SIGNATURE		23B. ADDRESS	
Gilbert L. B. Smith M. D.		722 N. Fulton Ave	
23C. DATE SIGNED			
10/30/51			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
		Nov 2 - 1951	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
Mt Calvary		A. A. C. I. Md	
DATE RECEIVED BY LOCAL REGISTRAR		25. FUNERAL DIRECTOR	
OCT 30 1951		James A. Hayes	
REGISTRAR'S SIGNATURE		ADDRESS	
Huntington Williams		638 N. Fulton St	
VS 150		97040	
		46E	

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9323

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>IRVING HENRY HALL</b>		2. DATE OF DEATH <b>Oct. 29, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Baltimore City, Md.</b>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>4403 Mainfield Ave. Zone 14</b>		5. LENGTH OF STAY IN BALTIMORE <b>36 yrs.</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>10/7/09</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Asst. Manager</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>A &amp; P Stores</b>	9. AGE (In years last birthday) <b>42 yrs</b>
11. BIRTHPLACE (State or foreign country) <b>Eastern Shore, Md.</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>George H. Hall</b>		14. MOTHER'S MAIDEN NAME <b>Bessie</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Violet M. Hall, 4403 Mainfield Avenue</b>		ADDRESS	
18. <b>420.1</b> CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Acute Heart Failure</b>			
DUE TO			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Myocardial Infarction</b>			
DUE TO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Arteriosclerotic coronary disease</b>			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>10/29/51</b> , 19__, to <b>10/29/51</b> , 19__, that I last saw the deceased alive on <b>10/29/51</b> , 19__, and that death occurred at <b>7:30 Pm.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>[Signature]</b>		23B. ADDRESS <b>1400 N. Caroline St. 13</b>	
23C. DATE SIGNED <b>10/29/51</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24B. DATE <b>11/2/51</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Woodlawn Cemetery</b>		24D. LOCATION (City, town, or county) (State) <b>Woodlawn, Maryland</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>10/30/51</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>	
25. FUNERAL DIRECTOR <b>Wm. Cook, Inc.</b>		ADDRESS <b>1217 St. Paul Street</b>	

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. _____		1. NAME OF DECEASED (Type or Print) <b>John James Burns</b>		2. DATE OF DEATH <b>October 29 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>3021 Westwood Avenue</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 15-04</b>			
C. Length of stay in Baltimore <b>50</b> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>3021 WESTWOOD AVENUE</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>February 17 1869</b>	9. AGE (In years last birthday) <b>82</b>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>BRICKLAYER</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Building TRADE</b>		11. BIRTHPLACE (State or foreign country) <b>New Jersey</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME _____		14. MOTHER'S MAIDEN NAME _____	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>212-18-5956</b>		17. INFORMANT ADDRESS <b>Mrs. John Burns 3021 Westwood Ave</b>	
18. <b>420.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Arteriosclerotic Heart Disease</b> DUE TO <b>Generalized Arteriosclerosis</b> DUE TO <b>Senility</b>		CAUSE OF DEATH (A) _____ (B) _____ (C) _____		INTERVAL BETWEEN ONSET AND DEATH <b>12 years</b> <b>?</b> <b>?</b>	
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <b>July 12, 1947</b> , to <b>October 29, 1951</b> , that I last saw the deceased alive on <b>Oct. 24, 1951</b> , and that death occurred at <b>12.10 P.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Melvin N. Borden</b>		23B. ADDRESS <b>5000 OLD FREDERICK RD.</b>		23C. DATE SIGNED <b>10/29/51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10/31/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Landon Park Cemetery</b>	
24D. LOCATION (City, town, or county) (State) <b>Baltimore, Maryland</b>		25. FUNERAL DIRECTOR <b>Wm. Cook, Inc., 1217 St. Paul St</b>		25. ADDRESS _____	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 30 1951</b>		REGISTRAR'S SIGNATURE _____		25. ADDRESS _____	



5-650

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9325  
Registered No.

BIRTH NO. 51 9325 for Res.		2. DATE OF DEATH Oct. 28, 1951	
1. NAME OF DECEASED (Type or Print) BETTY JEAN SCHIREN			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Anne Arundel	
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Brooklyn 25,	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 508 Matthews Ave. 5200	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Feb. 16, 1946
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY --	9. AGE (In years last birthday) 5
13. FATHER'S NAME John Schrien		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		12. CITIZEN OF WHAT COUNTRY? --	
16. SOCIAL SECURITY NO. None		14. MOTHER'S MAIDEN NAME Josephine Brady	
17. INFORMANT Evelyn Schiren, 1408 Woodall St.		ADDRESS	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 180 X Cerebral edema		INTERVAL BETWEEN ONSET AND DEATH 1 Mos	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) Metastatic Carcinoma		5 Mos	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. None		1 yr.	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov 1950, to Oct 1951, that I last saw the deceased alive on Oct 25, 1951, and that death occurred at 3:00 P. m., from the causes and on the date stated above.			
23A. SIGNATURE Richard A. Young		23B. ADDRESS 11 East Chase St.	
23C. DATE SIGNED Oct 29/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/31/51	
24C. NAME OF CEMETERY OR CREMATORY Glen Haven		24D. LOCATION (City, town, or county) (State) Glenburnie, Md.	
DATE RECEIVED BY LOCAL REGISTRAR		25. FUNERAL DIRECTOR 1219 St Paul St	
REGISTRAR'S SIGNATURE		ADDRESS	





340

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9326  
Registered No.

BIRTH NO. 51 9326

1. NAME OF DECEASED (Type or Print) <b>JOHN MICHAEL GEDWILL (Also Known As GIDWILL)</b>		2. DATE OF DEATH <b>Oct. 27, 1951</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Illinois</b> B. COUNTY <b>Y-11</b>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>US Public Health Service Hospital</b> <b>Wyman Pk. Drive &amp; 31st St.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Chicago</b>	
C. Length of stay in Baltimore <b>93 days</b>		D. STREET ADDRESS (If rural, give location) <b>9933 Ewing Avenue</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>5/2/02</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Oiler</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Seafarer</b>	9. AGE (In years last birthday) <b>49</b>
13. FATHER'S NAME <b>John Gedwill</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>?</b>		16. SOCIAL SECURITY NO. <b>351-10-6235</b>	
17. INFORMATION ADDRESS <b>Records- US PHS HOSPITAL, Balto, Md.</b>		14. MOTHER'S MAIDEN NAME <b>Mary ?</b>	
18. <b>161X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Carcinoma of larynx with metastases to liver, lungs, esophagus, trachea and lymph nodes</b>		INTERVAL BETWEEN ONSET AND DEATH <b>15 mos.</b>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>?</b>		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>July 26</b> , 19 <b>51</b> , to <b>Oct. 27</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>Oct. 27, 1951</b> and that death occurred at <b>5:42P</b> m., from the causes and on the date stated above.			
23A. SIGNATURE <b>John L. Wilson, Medical Director</b>		23B. ADDRESS <b>US PHS HOSPITAL, BALTO, MD.</b>	
23C. DATE SIGNED <b>10/29/51</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24B. DATE <b>10/30/51</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>St. Casmier's Cemetery</b>		24D. LOCATION (City, town, or county) (State) <b>Cooke County, Illinois</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 30 1951</b>		REGISTRAR'S SIGNATURE <b>Wm. Cook, Inc.</b>	
25. FUNERAL DIRECTOR <b>Wm. Cook, Inc.</b>		ADDRESS <b>1217 St. Paul Street</b>	

MEDICAL CERTIFICATION



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B-210  
51 9327BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9327

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

William Bishop

2. DATE  
OF  
DEATH

Oct. 28, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

200 E. Preston St.

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

11-01

D. STREET ADDRESS (If rural, give location)

200 E. Preston Street

C. Length of stay in Baltimore

5. Sex  
Male6. COLOR OR RACE  
White7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Jan. 23, 1872

9. AGE (In years  
last birthday)

79

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Retired - Real Estate

10B. KIND OF BUSINESS OR  
INDUSTRY

himself

11. BIRTHPLACE (State or foreign country)

Pocomoke City, Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

William J. Bishop

14. MOTHER'S MAIDEN NAME

Oladia Schoolfield

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Wm. H. Yeager, 1217 E. Paul St.,  
Towson, Md.

18. 420.1

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) .....

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) .....

DUE TO

(C) .....

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN  
ONSET AND DEATH

Coronary Disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

I certify that I took charge of the remains described above, held an Inspection thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER

23C. DATE SIGNED

ASSISTANT MEDICAL EXAMINER

MEDICAL INVESTIGATOR

M.D.

Oct. 29, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

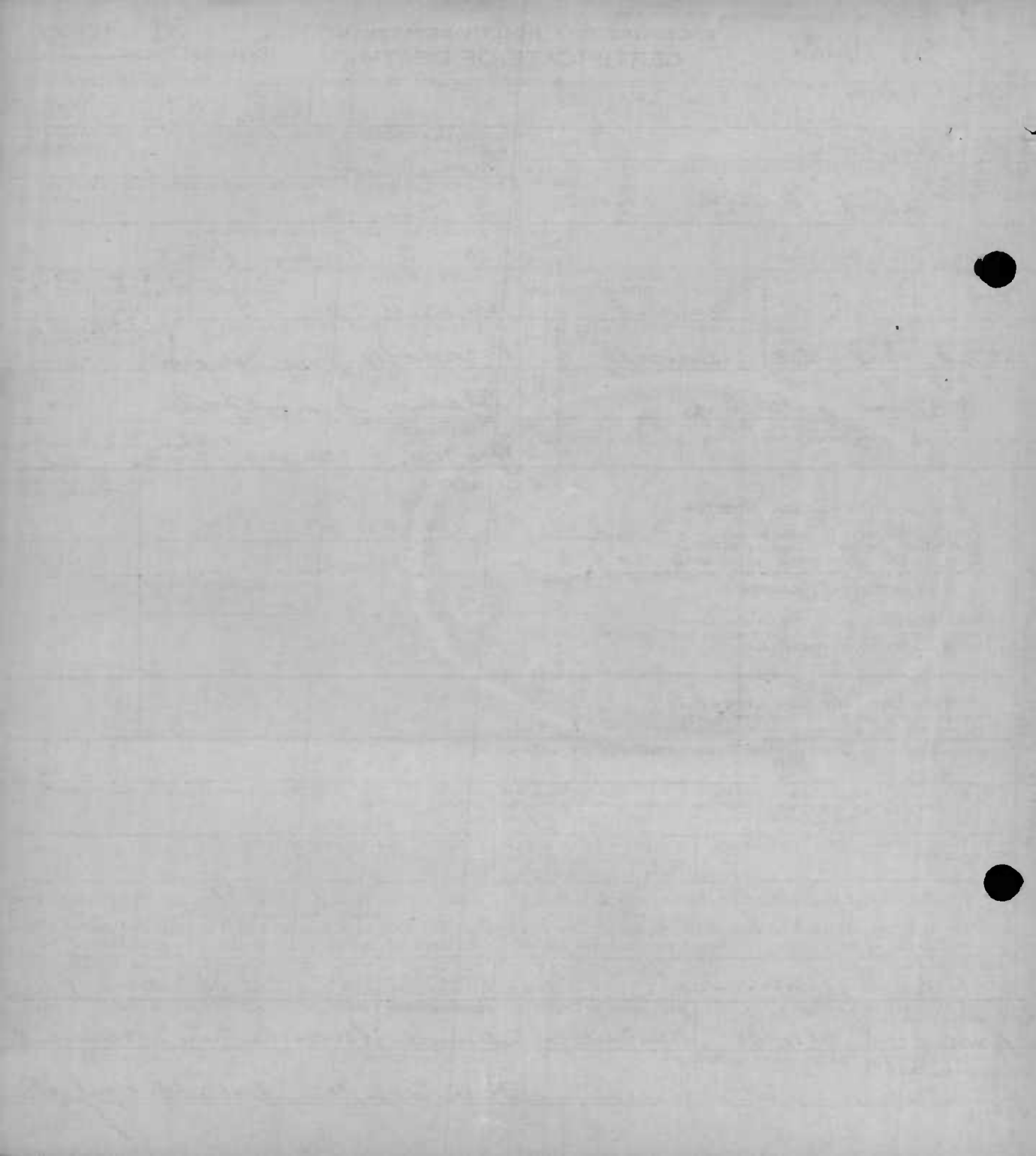
(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

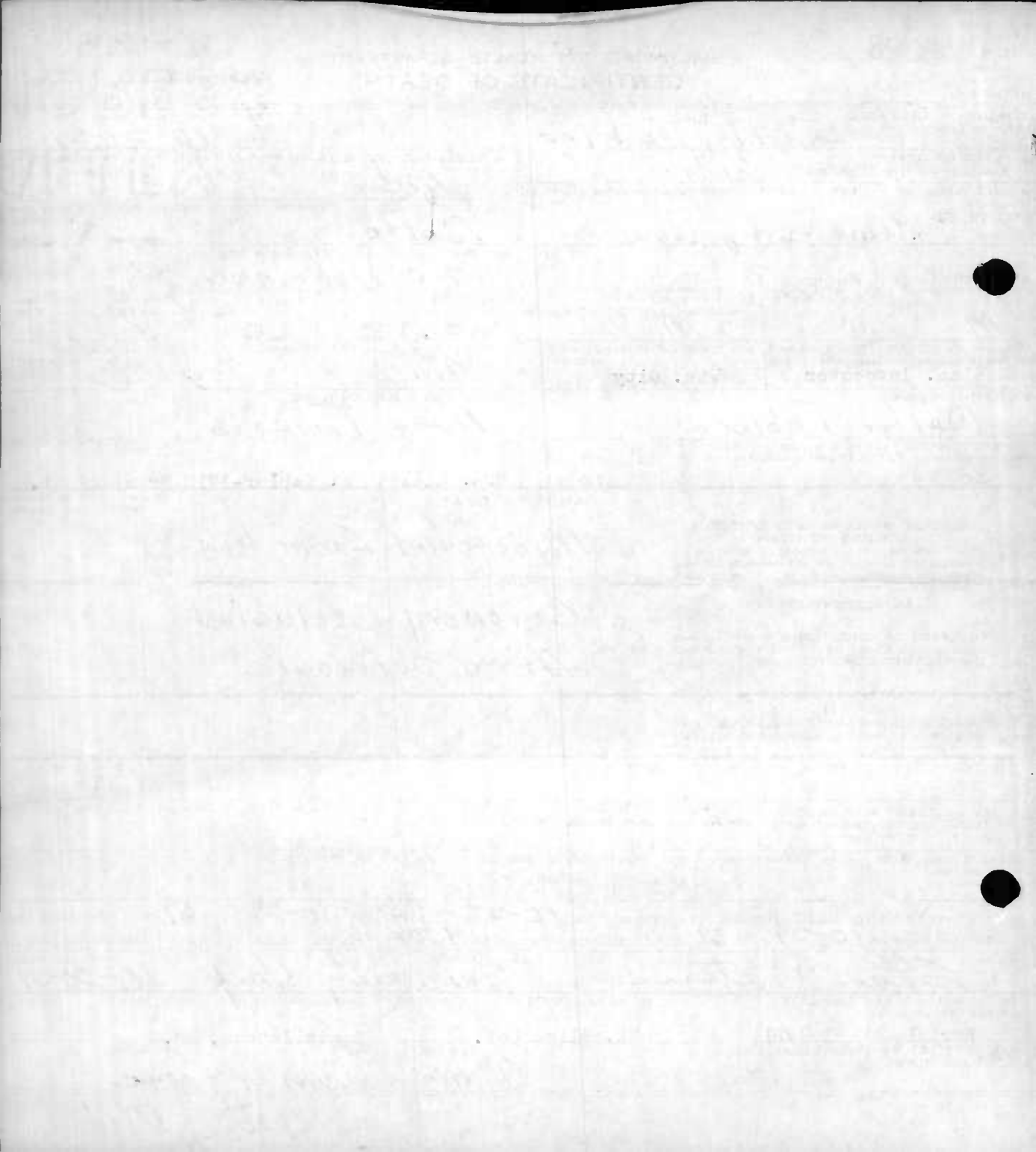
ADDRESS



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51 9328BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9328  
Registered No.

BIRTH NO.			2. DATE OF DEATH 10-29-51		
1. NAME OF DECEASED (Type or Print) Jacob A. Tabler			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto			A. STATE Md.		
B. FULL NAME OF (If not in hospital or institution, give street address or location) University Hosp			B. COUNTY		
C. Length of stay in Baltimore ?			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto 15-04		
D. STREET ADDRESS (If rural, give location) 1710 Dukeland St.			D. STREET ADDRESS (If rural, give location)		
5. SEX. M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH May 30, 1890	9. AGE (In years last birthday) 61	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Elec. Inspector			10B. KIND OF BUSINESS OR INDUSTRY Balto. City		
11. BIRTHPLACE (State or foreign country) Md.			12. CITIZEN OF WHAT COUNTRY? US		
13. FATHER'S NAME Walter Tabler			14. MOTHER'S MAIDEN NAME Anna Timanus		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no			16. SOCIAL SECURITY NO. no		
17. INFORMANT Mrs. Lillian M. Tabler-1710 Dukeland St.			ADDRESS		

18. 420.1 CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			(A) Myocardial Infarction		
ANTECEDENT CAUSES			DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(B) Coronary Occlusion		
			DUE TO		
			(C) Atherosclerosis		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.					
19A. DATE OF OPERATION 2			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-28-1951, to 10-29-1951, that I last saw the deceased alive on 10-29, 1951, and that death occurred at 7:20 A.M., from the causes and on the date stated above.					
23A. SIGNATURE Chas. Watson		23B. ADDRESS University Hosp		23C. DATE SIGNED 10-30-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/1/51		24C. NAME OF CEMETERY OR CREMATORY Mt. Olive Cem.	
24D. LOCATION (City, town, or county) Randallstown, Md.		24E. FUNERAL DIRECTOR J. J. Tiekner & Sons		24F. ADDRESS Balto, Md 94a	



51 9329

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

51 9329

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

CLARENCE BROWN

2. DATE  
OF  
DEATH Oct. 18, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Franklin Square Hospital

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1515 W. Baltimore Street

Length of stay in Baltimore

5. SEX

Male

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)10. Under 1 Year  
Months: Days  
11. Under 24 Hours  
Hours: Min.

60

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

K

K

N

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT WORK ☐ NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

M.D.

23B. CHIEF MEDICAL EXAMINER.....  
ASSISTANT MEDICAL EXAMINER.....  
MEDICAL INVESTIGATOR.....23C. DATE SIGNED  
10-18-5124A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

UNIVERSITY MEDICAL SCHOOL OCT 26 1951

Commissioner of Health



UNITED STATES OF AMERICA  
DEPARTMENT OF THE ARMY  
OFFICE OF THE ADJUTANT GENERAL  
WASHINGTON, D. C.



2620

51 9330

51 9330

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

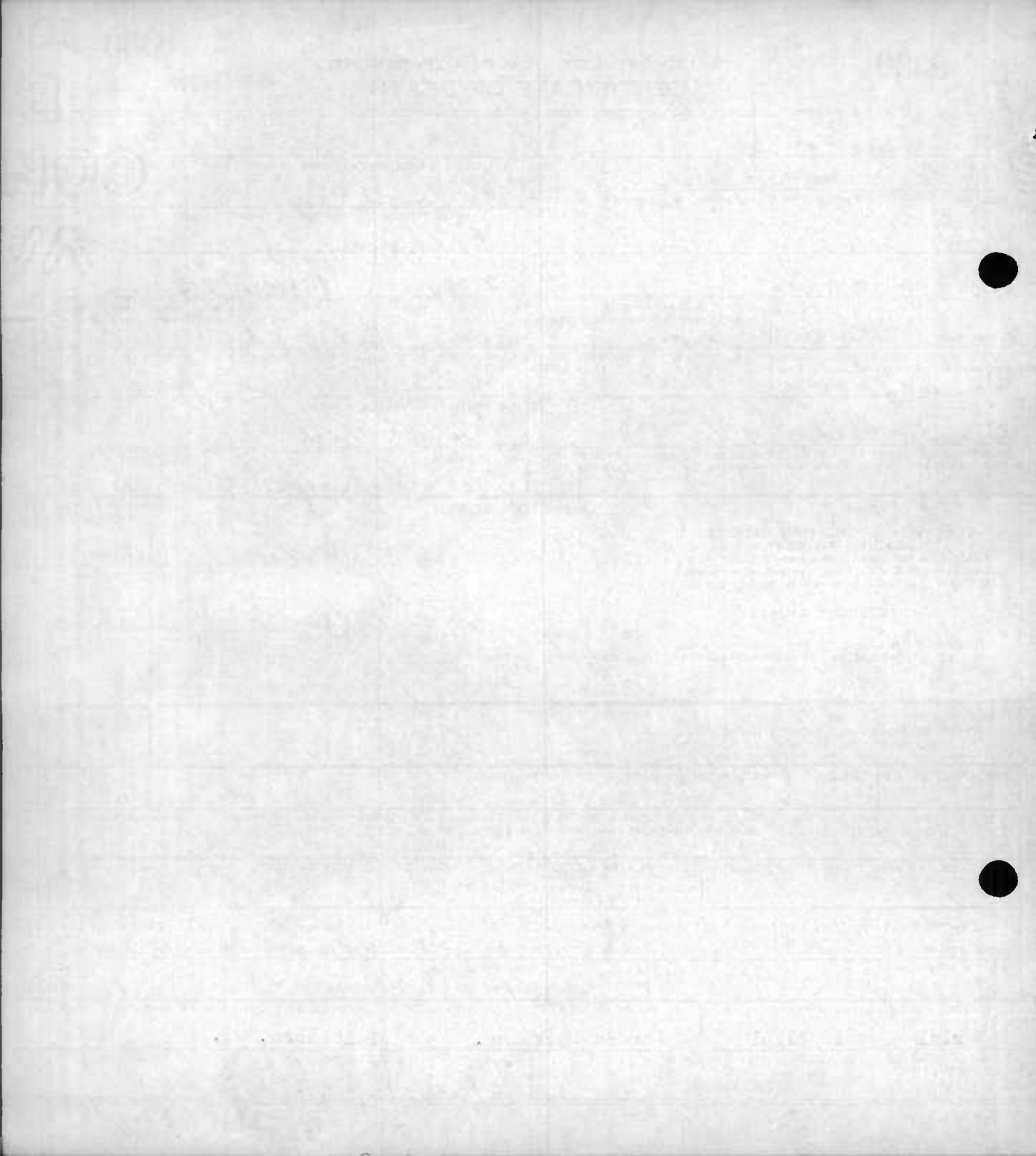
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <i>Laura Parks</i>			2. DATE OF DEATH <i>Oct. 28, 1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1200 Valley St.</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____ C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 15-05</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Little Sisters of the Poor</i>			D. STREET ADDRESS (If rural, give location) <i>2700 W. North Ave.</i>		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			8. DATE OF BIRTH <i>April 8, 1869</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	9. AGE (In years last birthday) <i>82</i>		If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			11. BIRTHPLACE (State or foreign country) <i>Virginia</i>		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME <i>Henry Parks</i>			14. MOTHER'S MAIDEN NAME <i>Laura Waite</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO. _____		
17. INFORMANT <i>Little Sisters of the Poor</i>			ADDRESS <i>1200 Valley</i>		

18. <i>450.0</i>	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Acute Myocarditis</i>	<i>3 weeks</i>
ANTECEDENT CAUSES		DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <i>Arterio-Sclerosis</i>	<i>5 yrs</i>
		DUE TO	
		(C) _____	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
TIME (Month) (Day) (Year) (Hour) INJURY _____		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Dec 1 -</i> , 19 <i>51</i> , to <i>Dec 28</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>Dec 28</i> , 19 <i>51</i> , and that death occurred at <i>9:00 P. m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>E. Gill Hall MD</i>		23B. ADDRESS <i>1631 E North Ave</i>		23C. DATE SIGNED <i>Dec 29, 1951</i>	
M. D. _____					
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>10/31/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Loudon Park Cem.</i>	
				24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>Oct 30 1951</i>		REGISTRAR'S SIGNATURE <i>William H. Williams</i>		25. FUNERAL DIRECTOR <i>Wm. J. Pickens &amp; Sons</i>	
				ADDRESS <i>Bath Md 93a</i>	



51 9331		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. _____	
BIRTH NO. _____					
1. NAME OF DECEASED (Type or Print) <i>Agnes Courtenay Langdon Gover</i>			2. DATE OF DEATH <i>Oct. 29 1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Kirkley Villa</i> <i>4301 Roland Ave</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i>		
D. LENGTH OF STAY IN BALTIMORE <i>40 yrs.</i>			E. STREET ADDRESS (If rural, give location) <i>4301 Roland Ave 27-14</i>		
5. SEX <i>F</i>		6. COLOR OR RACE <i>N.</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	
8. DATE OF BIRTH <i>Dec 8 1868</i>		9. AGE (In years last birthday) <i>82</i>		10. UNDER 1 Year Months: Days: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>			10B. KIND OF BUSINESS OR INDUSTRY _____		
11. BIRTHPLACE (State or foreign country) <i>Perryman Harford Co Md.</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13. FATHER'S NAME <i>Philip Gover</i>			14. MOTHER'S MAIDEN NAME <i>Sara Roberta Moores</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. _____		
17. INFORMANT <i>Francis Talbert</i>			ADDRESS <i>2330 Pickwick Rd</i>		
18. <i>420.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Bronchopneumonia</i> CAUSE OF DEATH (A) _____ DUE TO <i>Anterisclerotic heart disease</i> (B) _____ DUE TO (C) _____					INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i> <i>4 wks.</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>12/5</i> , 19 <i>42</i> to <i>10/29</i> , 1951, that I last saw the deceased alive on <i>10/29</i> , 1951, and that death occurred at <i>7:15</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Robert A. Pether</i>			23B. ADDRESS M. D. <i>3408 Windsor Ave</i>		23C. DATE SIGNED <i>10/30/51</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY <i>Rock Spring</i>	
24D. LOCATION (City, town, or county) (State) <i>near Belair Harford Co Md</i>					
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 30 1951</i>		REGISTRAR'S SIGNATURE <i>Wm. H. Williams</i>		25. FUNERAL DIRECTOR <i>McIntosh &amp; Sons Co</i>	
ADDRESS <i>4905 York Rd</i>					

Dr. Peiter

3408 Windsor Ave

Cor. Garrison Ave

2200  
51 9332BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9332

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Charles J. Rock Sr.

2. DATE  
OF  
DEATH

Oct 28-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

2558 Garrett Ave

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2558 Garrett Ave

Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Jan. 1-1872

9. AGE (in years

last birthday)

79

11 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Clerk B.O. R.R.

10B. KIND OF BUSINESS OR INDUSTRY

Baltimore Md

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Joseph Rock

14. MOTHER'S MAIDEN NAME

Frances Baruch

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

213-14-504

17. INFORMANT

Mrs. Margaret Rock-Baruch

ADDRESS

2558 Garrett Ave

18. 177X

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Generalized Carcinomatosis

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Carcinoma of Prostate

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

1 year +

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Chronic osteoarthritis

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☐

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1949, 19, to Oct. 27, 1951, that I last saw the deceased alive on Oct. 27, 1951, and that death occurred at 7:15 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Loy M. Zimmerman

M. D.

23B. ADDRESS

2058 Bayford Rd.

23C. DATE SIGNED

Oct. 29, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10/31/51

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

OCT 30 1951

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

J. Luck

ADDRESS

5305 Bayford Rd

VS 150

51B

MEDICAL CERTIFICATION

Dr. Zimmerman  
8858 Trautman Rd



5-322  
51 9333BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9333  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Zena Stokes

2. DATE  
OF  
DEATH

10-28-57

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

University

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1113 N. Central Avenue

C. Length of stay in Baltimore

31

Crs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House Wife

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Henry Knight

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

No

None

16. SOCIAL SECURITY NO.

?

17. INFORMANT

ADDRESS

Willie Stokes 1113 N. Central Avenue

18. 2926 I

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral thrombosis &amp; edema

DUE TO

## ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

22. I hereby certify that I attended the deceased from 10-22, 1957, to 10-28, 1957, that I last saw the deceased alive on 10-28, 1957, and that death occurred at 10:00 A. M., from the causes and on the date stated above.

23A. SIGNATURE

J. J. Boyer

M. D.

23B. ADDRESS

University Hopt.

23C. DATE SIGNED

10-29-57

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Shipped  
DATE RECEIVED BY  
LOCAL REGISTRAR10-30-57  
REGISTRAR'S SIGNATURE

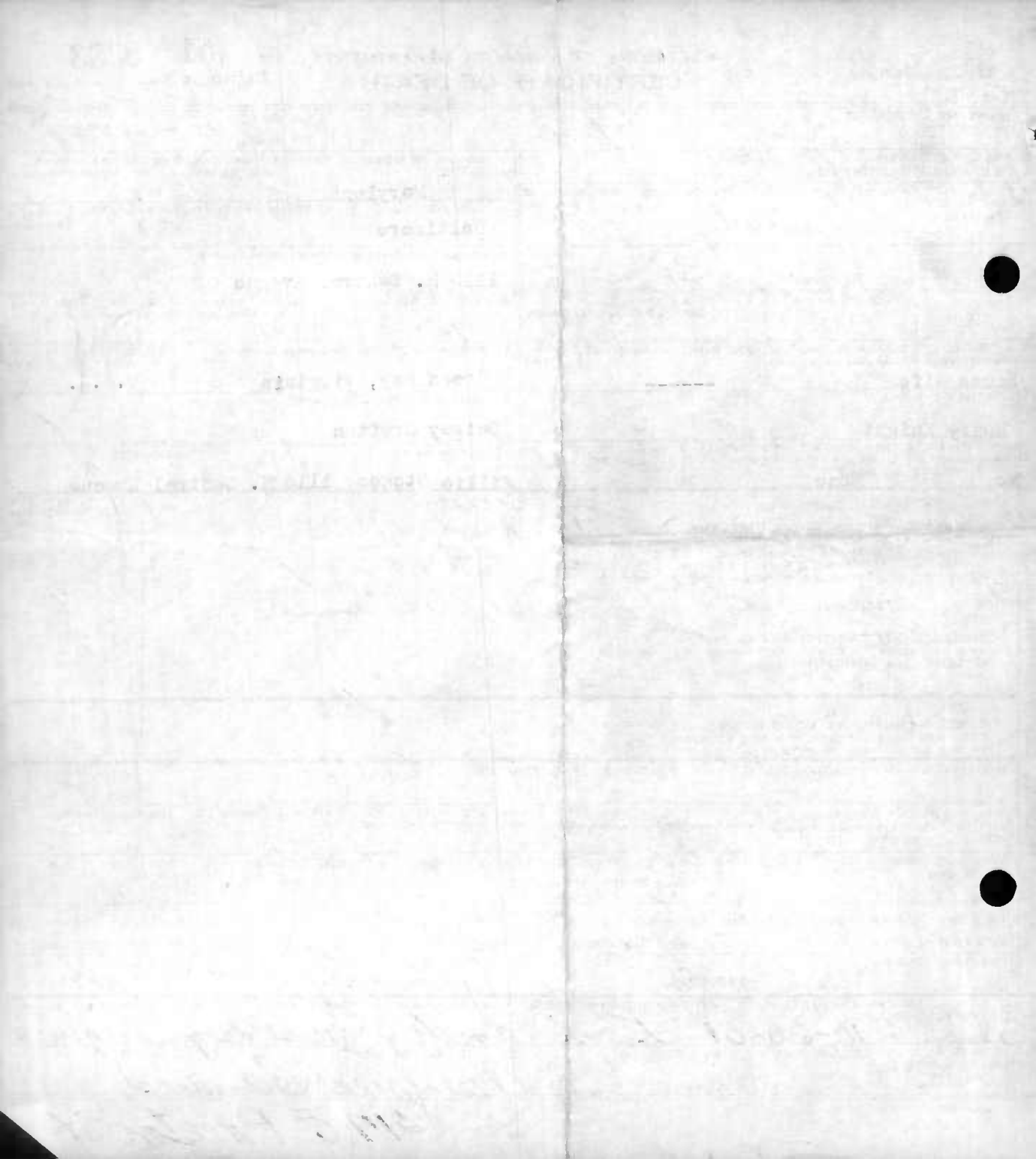
25. FUNERAL DIRECTOR

ADDRESS

Payner Sanders

83B 217 E. Preston St





51 9334

51 9334

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

REA-150553

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

Paul Stevens

2. DATE  
OF  
DEATH

Oct. 28, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)A. STATE  
Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTIONBaltimore City Hospitals  
4940 Eastern AvenueC. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

44 N. Caroline Street

C. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

July 4, 1891

9. AGE (In years  
last birthday)

60

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Budd Stevens

14. MOTHER'S MAIDEN NAME

Lucille ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Records: B. C. H. 4940 Eastern Avenue

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Syphilitic Cardio-vascular disease &  
decompensation, congestive failure

suddenly

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ND ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐  
WORKNOT WHILE ☐  
AT WORK

21F. HOW DID INJURY OCCUR?

I hereby certify that I attended the deceased from 7-19, 1951, to 10-28, 1951, that I last saw the  
deceased alive on 10-28, 1951, and that death occurred at 3:40A m., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Hogan

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

10-30-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

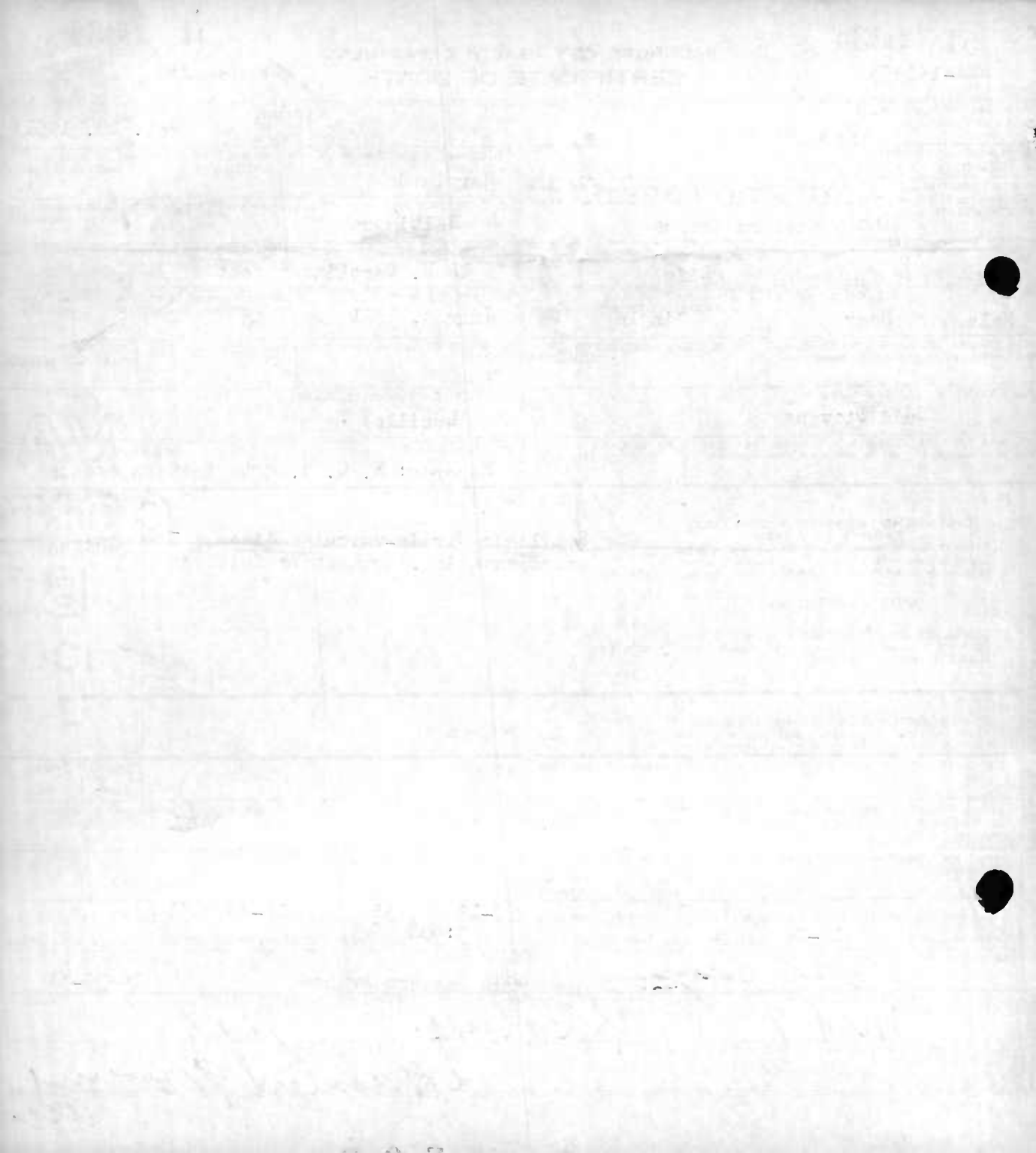
25. FUNERAL DIRECTOR

ADDRESS

OCT 31 1951

VS 150

30E



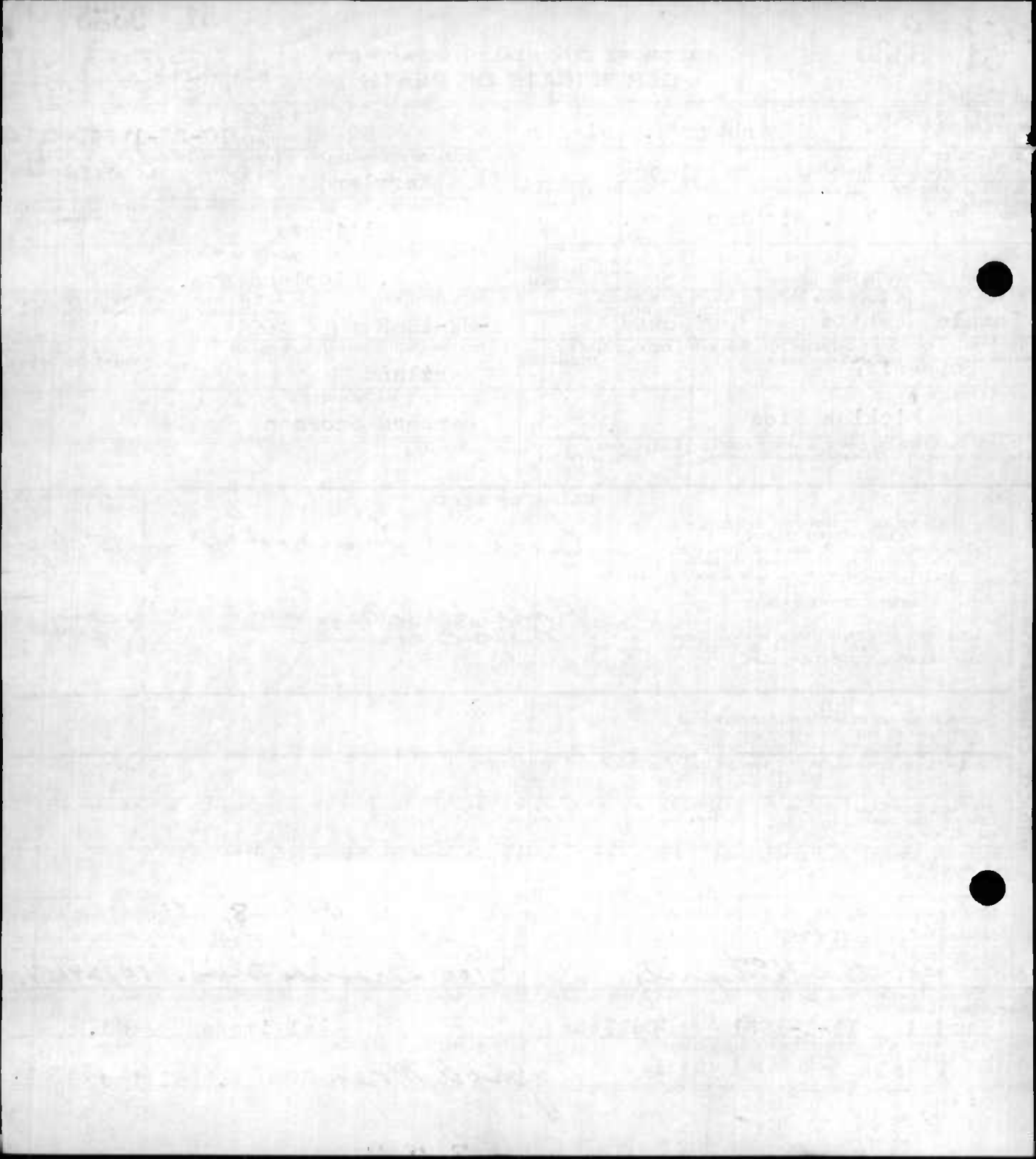
N-260  
51 9335

51 9335

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. _____		1. NAME OF DECEASED (Type or Print) <b>Barbara M. Waicker</b>		2. DATE OF DEATH <b>10-28-1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Baltimore</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>7 N. Highland Ave.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>26-44</b>			
C. Length of stay in Baltimore <b>life</b>		D. STREET ADDRESS (If rural, give location) <b>7 N. Highland Ave.</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>4-22-1882</b>		9. AGE (In years last birthday) <b>69</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
13. FATHER'S NAME <b>Nicklas Glos</b>		14. MOTHER'S MAIDEN NAME <b>Barbara Shoeman</b>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
18. <b>4 yrs. 1</b> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cerebral Hemorrhage</b> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Arteriosclerosis Myocarditis</b> DUE TO (C) _____ INTERVAL BETWEEN ONSET AND DEATH <b>15 days.</b> <b>many years.</b>					
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>April 1, 1931</b> , to <b>Oct. 28, 1951</b> , that I last saw the deceased alive on <b>10/28/51</b> , 19____, and that death occurred at <b>6 P. m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Gathaut Shpirt</b>		23B. ADDRESS <b>3100 Garrison Blvd.</b>		23C. DATE SIGNED <b>10/29/51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>11-1-1951</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Oaklawn</b>	
24D. LOCATION (City, town, or county) <b>Baltimore</b>		24E. STATE <b>Md.</b>		24F. DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 31 1951</b>	
24G. REGISTRAR'S SIGNATURE <b>William Williams</b>		24H. FUNERAL DIRECTOR <b>John A. Moran</b>		24I. ADDRESS <b>3000 L. Baltimore St.</b>	



51 9336

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9336

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Joseph W. Smick

2. DATE

OF DEATH Oct. 28th. 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE 2327 N. Charles St.4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE Maryland B. COUNTY BaltimoreC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)

908 Overbrook Rd. 5200

C. Length of stay in Baltimore

life

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

3-21-1863

9. AGE (in years  
last birthday)

88

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

Retired Tinsmith

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Peter W. Smick

14. MOTHER'S MAIDEN NAME

Mary N. Knox

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS 908

Mrs. Frank J. Russell, Overbrook Rd

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) arteriosclerotic heart disease

1 yr

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

deafness

sev yrs.

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from Jan 1, 1951 to Oct 28, 1951, that I last saw the  
deceased alive on Oct. 27, 1951, and that death occurred at 10:00 A. M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

2431 Maryland Ave. Balto 18

23C. DATE SIGNED

10-29-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

10-31-1951

New Cathedral

Baltimore

Md.

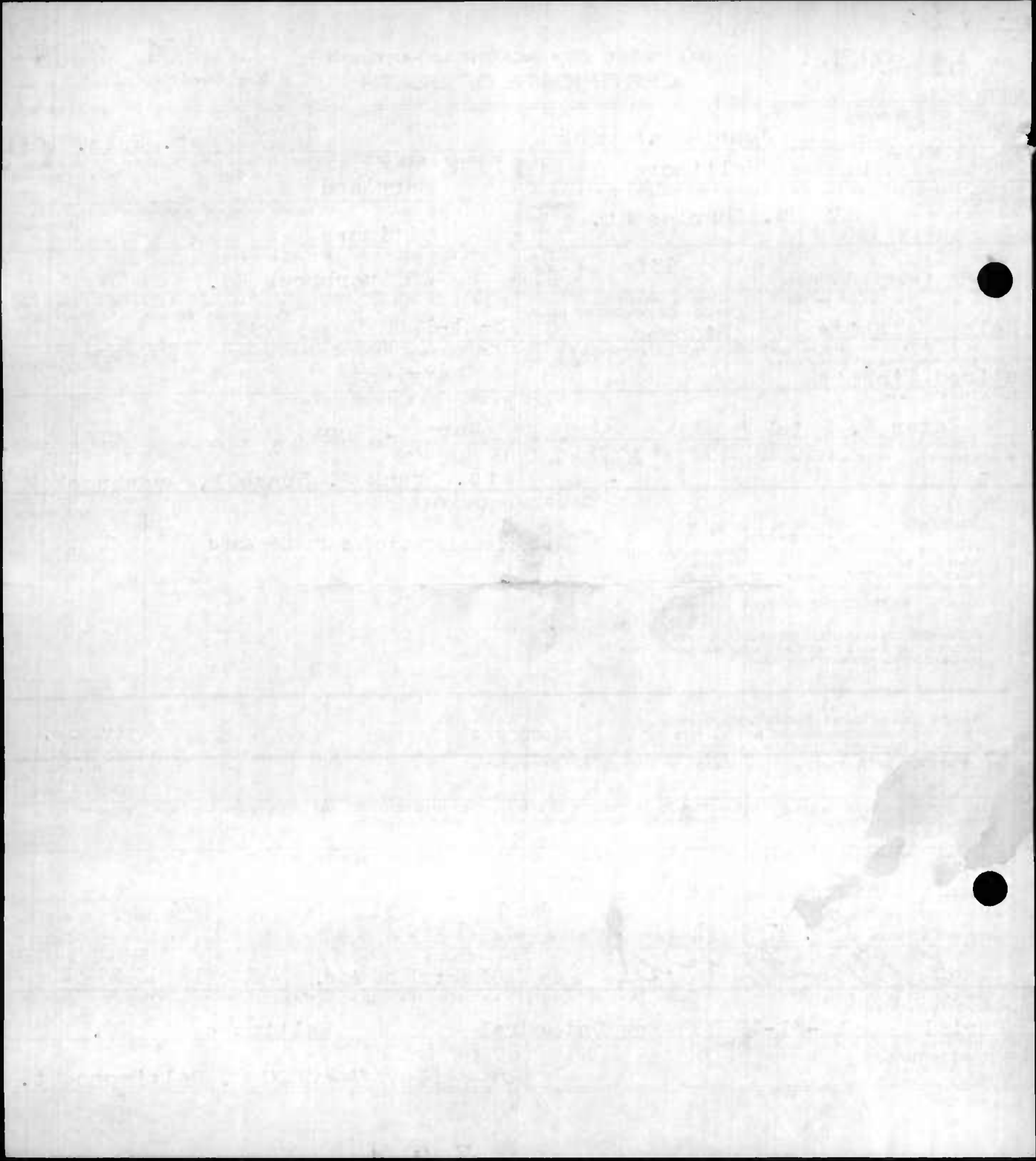
DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

John A. Moran 3000 E. Baltimore St.





51 9337

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9337

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

May Peacock

2. DATE  
OF  
DEATH

Oct 29, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Charles + 24<sup>th</sup> St. Baltimore Md

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Nursing Home - Charles + 24<sup>th</sup> St

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

27-05

C. Length of stay in Baltimore Life

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

6517 Rosemont Ave

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 12, 1894

9. AGE (In years  
last birthday)

57

If Under 1 Year  
Months: Days

5 17

If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

House work

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

USA.

13. FATHER'S NAME

William Plowman

14. MOTHER'S MAIDEN NAME

Fannie Green

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, on or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

No Ne

17. INFORMANT

John E Peacock

ADDRESS

6517 Rosemont Ave

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Bronchopneumonia

1 day

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(B) Atelectasis - lung - left.

2 months

(C) Carcinoma - lung - left

6 months

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

None

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐  
WORKNOT WHILE ☐  
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-4, 1951, to 10-28, 1951, that I last saw the deceased alive on 10-28, 1951, and that death occurred at 7 A. m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

2 E. Read Street

23C. DATE SIGNED

10-29-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

Oct. 31, 1951

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Cem

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

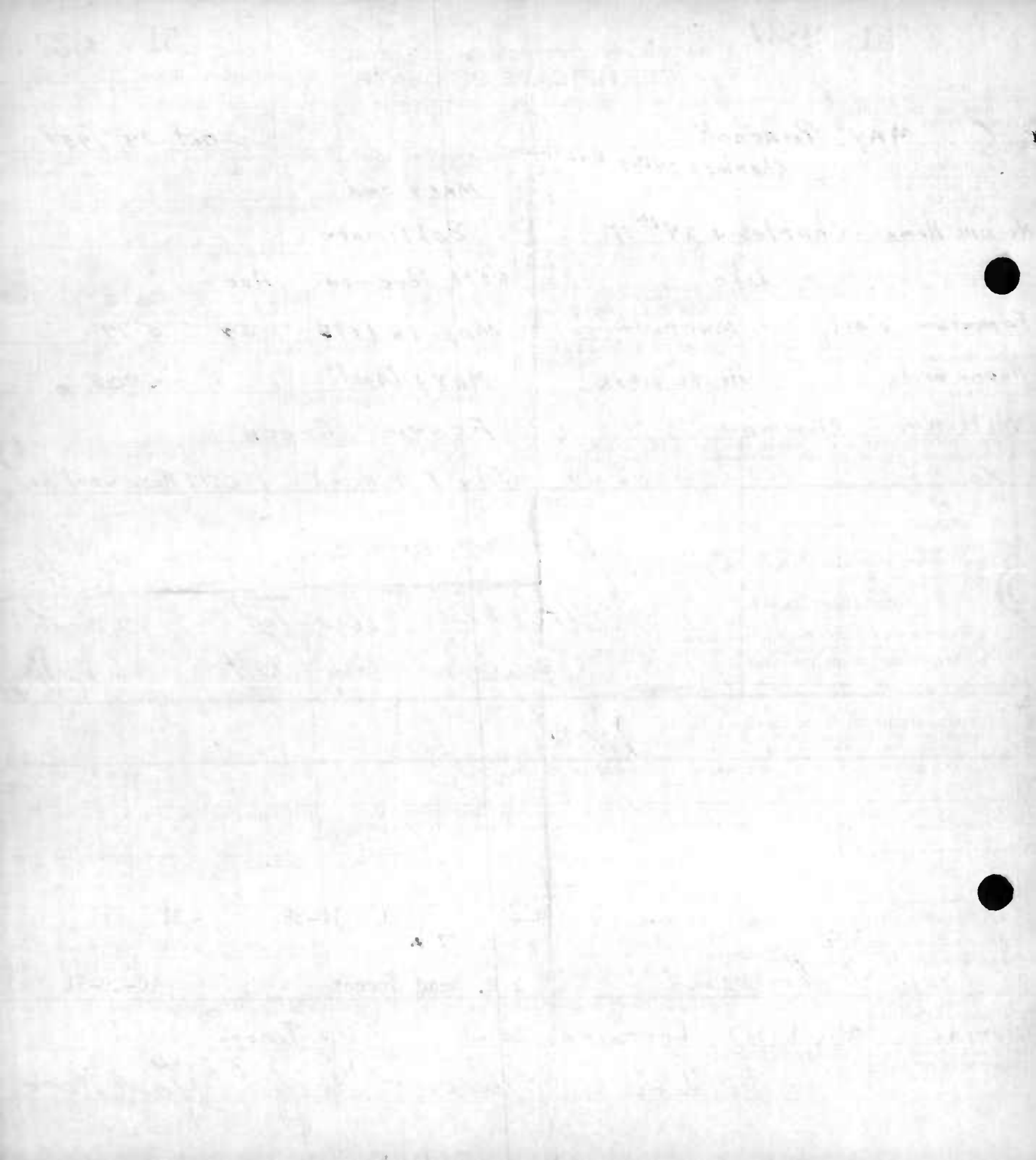
William Williams

25. FUNERAL DIRECTOR

Glenn Fleety

ADDRESS

5209 York Road



51 9338

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9338

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>William S. Schafer</b> <b>WILLIAM S. SCHAEFFER</b>		2. DATE OF DEATH <b>October 29, 1951</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>2-08</b>	
a. FULL NAME OF (If not in hospital or institution, give street address or location) <b>1258 E. North Avenue</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
c. Length of stay in Baltimore <b>Life</b> Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) <b>1258 E. North Avenue</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Feb. 13th., 1870</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>use Painter (Retired)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>House</b>	9. AGE (In years last birthday) <b>81</b>
11. BIRTHPLACE (State or foreign country) <b>Baltimore</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>John J. Schafer</b>		14. MOTHER'S MAIDEN NAME <b>Pauline A. Feistel</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No None</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT <b>Mrs. Emma M. Leeser</b>		ADDRESS <b>-1801 E. 33rd. St Baltimore, Md.</b>	

MEDICAL CERTIFICATION

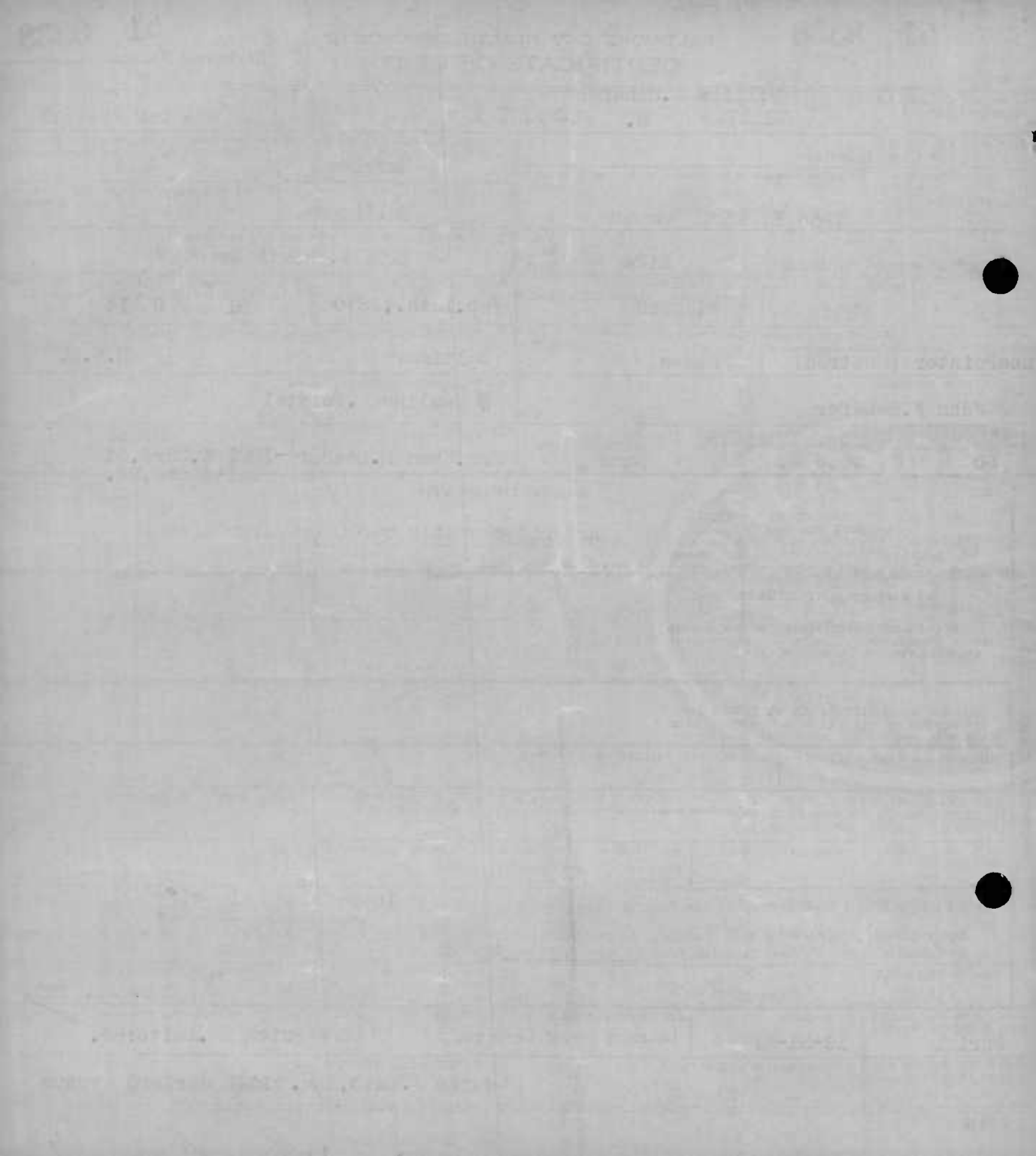
18. <b>422.1 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Arteriosclerotic cardiovascular disease</b> DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION <b>0</b>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William V. ...</i>	23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED <b>Oct. 29, 1951</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>10-31-51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Loudon Park Cemetery</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>Oct 31 1951</b>	REGISTRAR'S SIGNATURE <i>for William ...</i>	24D. LOCATION (City, town, or county) (State) <b>Frederick Rd. Balto: Md.</b>
25. FUNERAL DIRECTOR <b>George J. Ruth, Inc. -1735 Harford Avenue</b>		ADDRESS

VS 151

937 ✓



436 51 9339 BALTIMORE CITY HEALTH DEPARTMENT  
 CERTIFICATE OF DEATH Registered No. 51 9339

BIRTH NO.

1. NAME OF DECEASED (Type or Print) **KATE COULTER**  
**KATHERINE Coulter**

2. DATE OF DEATH **OCT. 28, 1951**

3. PLACE OF DEATH:  
 A. Baltimore City, Maryland  
 B. FULL NAME OF (If not in hospital or institution, give street address or location)  
**1331 WIRTON ST**

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  
 A. STATE **MARYLAND**  
 B. COUNTY **BALTIMORE**  
 C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
**BALTIMORE 9-09**  
 D. STREET ADDRESS (If rural, give location)  
**1331 WIRTON ST**

5. Length of stay in Baltimore **LIFETIME**

6. COLOR OR RACE **W**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
**MARRIED**

8. DATE OF BIRTH **April 17, 1984**

9. AGE (In years last birthday) **67**

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**House Wife**

10B. KIND OF BUSINESS OR INDUSTRY  
**At Home**

11. BIRTHPLACE (State or foreign country)  
**BALTIMORE**

12. CITIZEN OF WHAT COUNTRY?  
**U.S.A.**

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME  
**Emly**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  
**No**

16. SOCIAL SECURITY NO.  
**None**

17. INFORMANT ADDRESS

18. **420.0**  
 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
 (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
**Arteriosclerotic Heart Disease**  
 CAUSE OF DEATH  
 (A) DUE TO  
 (B) DUE TO  
 (C) DUE TO

19. ANTECEDENT CAUSES  
 DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

21. INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
 YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

I certify that I took charge of the remains described above, held an **Inspection** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE **B. S. Fisher**

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED **OCT 29, 1951**

24A. BURIAL, CREMATION, REMOVAL (Specify)  
**BURIAL**

24B. DATE  
**10-31-51**

24C. NAME OF CEMETERY OR CREMATORY  
**New Cathedral**

24D. LOCATION (City, town, or county) (State)  
**BALTIMORE MD**

DATE RECEIVED BY LOCAL REGISTRAR **31 1951**

REGISTRAR'S SIGNATURE **Washington Williams, Jr.**

25. FUNERAL DIRECTOR ADDRESS  
**CHAS F EVANS & SONS**  
**118 W MT. ROYAL AVE 93D**

VS 151

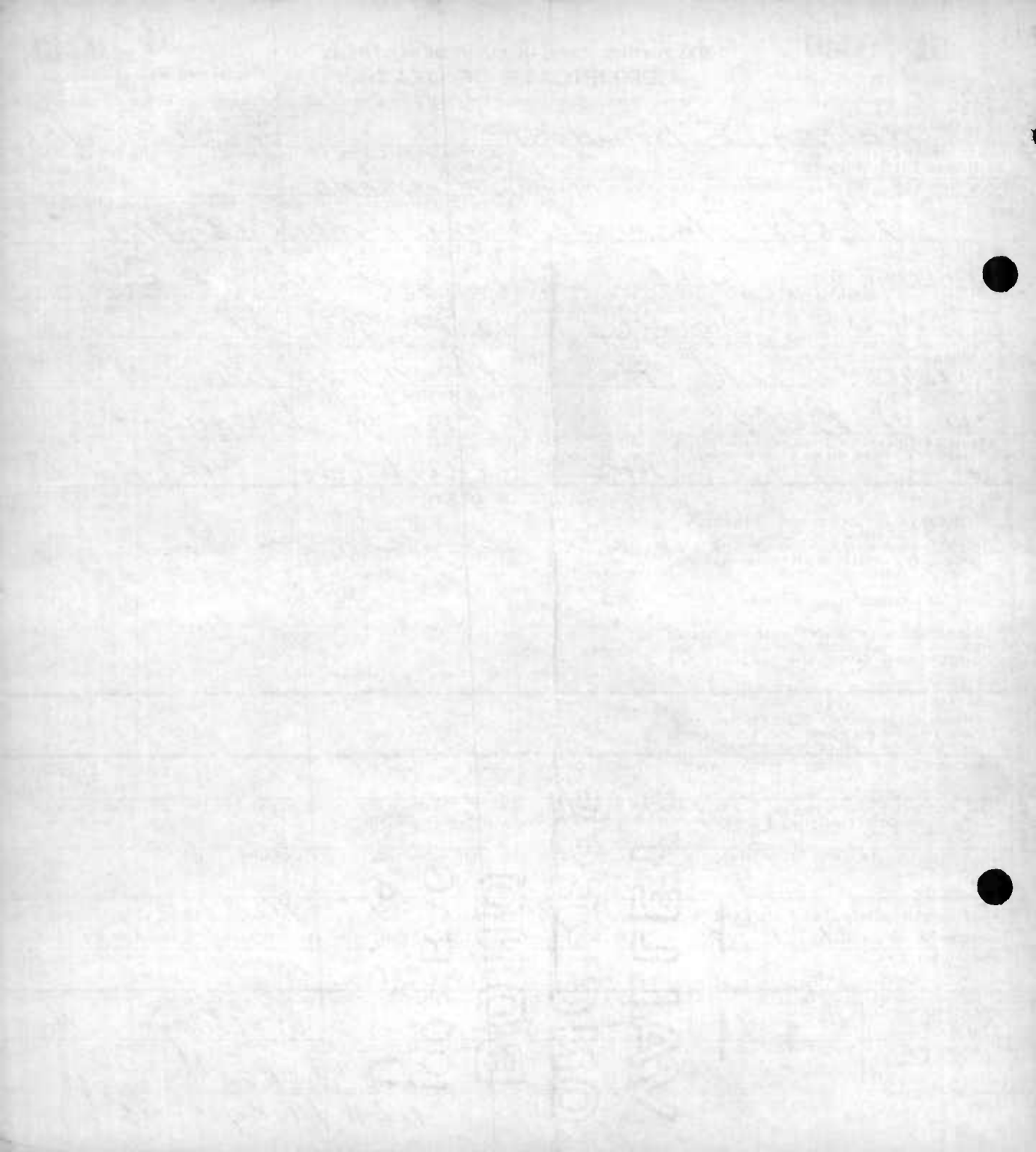
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RECEIVED  
OFFICE OF THE SECRETARY  
1910

<div style="display: flex; justify-content: space-between;"> <span>163</span> <span>51 9340</span> </div>		BALTIMORE CITY HEALTH DEPARTMENT <b>CERTIFICATE OF DEATH</b>		<div style="display: flex; justify-content: space-between;"> <span>51 9340</span> <span>Registered No. _____</span> </div>	
BIRTH NO. _____					
1. NAME OF DECEASED (Type or Print) <b>HELENA S. HANBERT</b>				2. DATE OF DEATH <b>29 Oct. 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY <b>9-05</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>MERCY HOSPITAL</b>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 18, MD.</b>	
D. Length of stay in Baltimore <b>LIFE</b>				E. STREET ADDRESS (If rural, give location) <b>1306 HOMESTEAD ST.</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>13 FEB. 1902</b>	9. AGE (in years last birthday) <b>49</b>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>AT Home</b>		11. BIRTHPLACE (State or foreign country) <b>BALTIMORE, MD.</b>	
13. FATHER'S NAME <b>JOHN H. BELZ</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>			14. MOTHER'S MAIDEN NAME <b>HELENA PILAHUNT</b>		
16. SOCIAL SECURITY NO. <b>NONE</b>			17. INFORMANT ADDRESS <b>Chas E. Belz 5804 Kipling Ct.</b>		
18. <b>CAUSE OF DEATH</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <b>Myocardial infarction</b> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO (C) _____ II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>✓</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>24 Oct. 1951</b> , to <b>29 Oct. 1951</b> , that I last saw the deceased alive on <b>29 Oct. 1951</b> , and that death occurred at <b>3:50 P.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>C. R. Ireland</b>		23B. ADDRESS <b>Maryland</b>		23C. DATE SIGNED <b>10/29/51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>11-3-51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Holy Redeemer</b>	
24D. LOCATION (City, town, or county) (State) <b>BALTIMORE MD.</b>		25. FUNERAL DIRECTOR <b>Chas F Evans &amp; Son</b>		ADDRESS <b>118 W Mt. Royal Ave</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 31 1951</b>		REGISTRAR'S SIGNATURE <b>Antington Williams</b>			





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

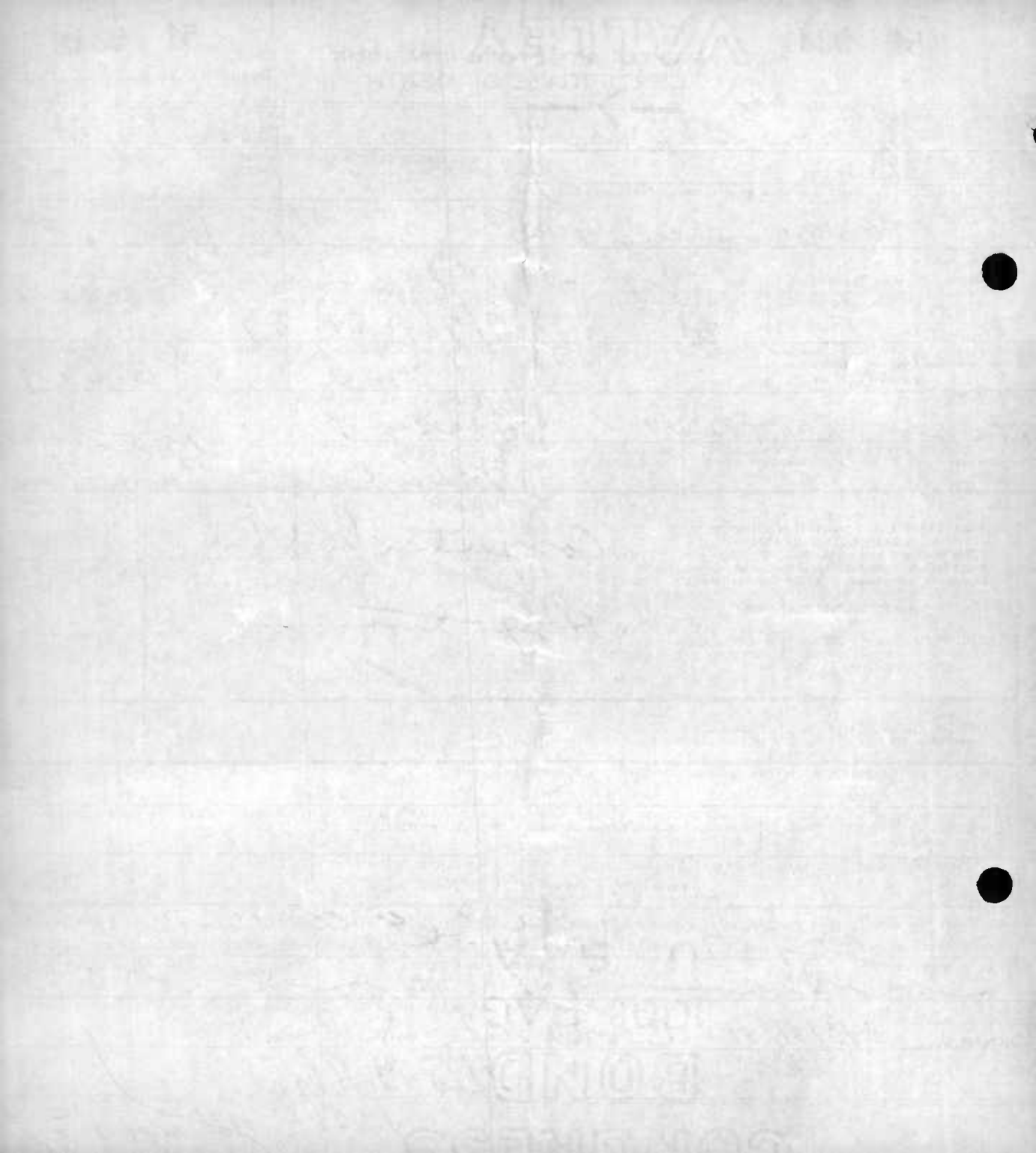
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <i>William L. Dorsey</i>			2. DATE OF DEATH <i>10/26/51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>1506 W. Lafayette Ave</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto 16-02</i>		
C. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>1506 W. Lafayette Ave</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>W</i>	8. DATE OF BIRTH <i>7/7/1884</i>		9. AGE (In years last birthday) <i>67</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Gen</i>	11. BIRTH PLACE (State or foreign country) <i>MD</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Henry Dorsey</i>			14. MOTHER'S MAIDEN NAME <i>Lucy</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>Yes, no or unknown</i>		16. SOCIAL SECURITY NO. <i>1552</i>	17. INFORMANT <i>Mae Dorsey Tremontine</i>		

18. <i>434.1</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)	(A) <i>Congestive heart failure</i>	
ANTECEDENT CAUSES	(B) <i>Hypertension</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) _____	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Dec 18, 1917</i> , to <i>Oct 26, 1917</i> , that I last saw the deceased alive on <i>Oct 4, 1917</i> , and that death occurred at <i>5:30 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>W. L. Dorsey</i>		23B. ADDRESS <i>1613 Edmondson Ave.</i>		23C. DATE SIGNED <i>10-20-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>10/31/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Cookesville MD</i>	24D. LOCATION (City, town, or county) (State) <i>MD</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 31 1951</i>	REGISTRAR'S SIGNATURE <i>W. L. Dorsey</i>	25. FUNERAL DIRECTOR <i>Geo. S. Nelson</i>		ADDRESS <i>937 1303 Prustman St</i>	



60  
51 9342BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9342  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

VERNON FOWLER

2. DATE  
OF  
DEATH

10/28/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore, Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

FRANKLIN SQUARE HOSPITAL

C. Length of stay in Baltimore

LIFE

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

SEPARATED

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

WAITER

10B. KIND OF BUSINESS OR  
INDUSTRY

RESTAURANT

13. FATHER'S NAME

JEREMIAH G. FOWLER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, oo or oookoonw)

No

(If yes, give war or dates of service)

NONE

16. SOCIAL  
SECURITY NO.

P

8. DATE OF BIRTH

Oct. 31, 1917

9. AGE (In years  
last birthday)

33

If Under 1 Year  
Months: Days: Hours: Min.

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF  
WHAT COUNTRY?

U. S. A. ✓

14. MOTHER'S MAIDEN NAME

ANNIE E. MARKINS

17. INFORMANT

ADDRESS

ANNIE E. FOWLER 2110 Sidney Ave

18.

416X I

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Chronic Rheumatic Heart disease

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the  
deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 10:38 Pm., from the causes and on the date stated above.

23A. SIGNATURE

Geo. L. Schwab

M. O.

23B. ADDRESS

Franklin Sq. Hoops

23C. DATE SIGNED

10-28-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

10-31-51

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

BALTIMORE, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Washington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Geo. L. Schwab 2101 Frederick Ave.



420

51 9343

51 9343

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)Isidore  
ERWIN FLAX2. DATE  
OF  
DEATH

10/30/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Seneca Home

C. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired)

Salesman

10B. KIND OF BUSINESS OR INDUSTRY

Shoes

13. FATHER'S NAME

Wolf Flax

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

Nov. 18, 1902

9. AGE (in years last birthday)

48

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF  
WHAT COUNTRY?  
U.S.A.

14. MOTHER'S MAIDEN NAME

Agnes Lederer

17. INFORMANT

ADDRESS

Mrs. Ann Flax 3408 Duvall Avenue

18. 201X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) \_\_\_\_\_

DUE TO

HODGKINS

DISEASE

## ANTECEDENT CAUSES

(B) \_\_\_\_\_

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C) \_\_\_\_\_

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

INJURY

m.

WHILE AT ☐NOT WHILE ☐

WORK

AT WORK

22. I hereby certify that I attended the deceased from 10/1, 1951, to 10/30, 1951, that I last saw the deceased alive on 10/30, 1951 and that death occurred at 7 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Robert Sandler, M.D.

23B. ADDRESS

Seneca Home

23C. DATE SIGNED

10/30/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10/31/51

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Friendship Cemetery

24D. LOCATION (City, town, or county)

Baltimore

(State)

Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

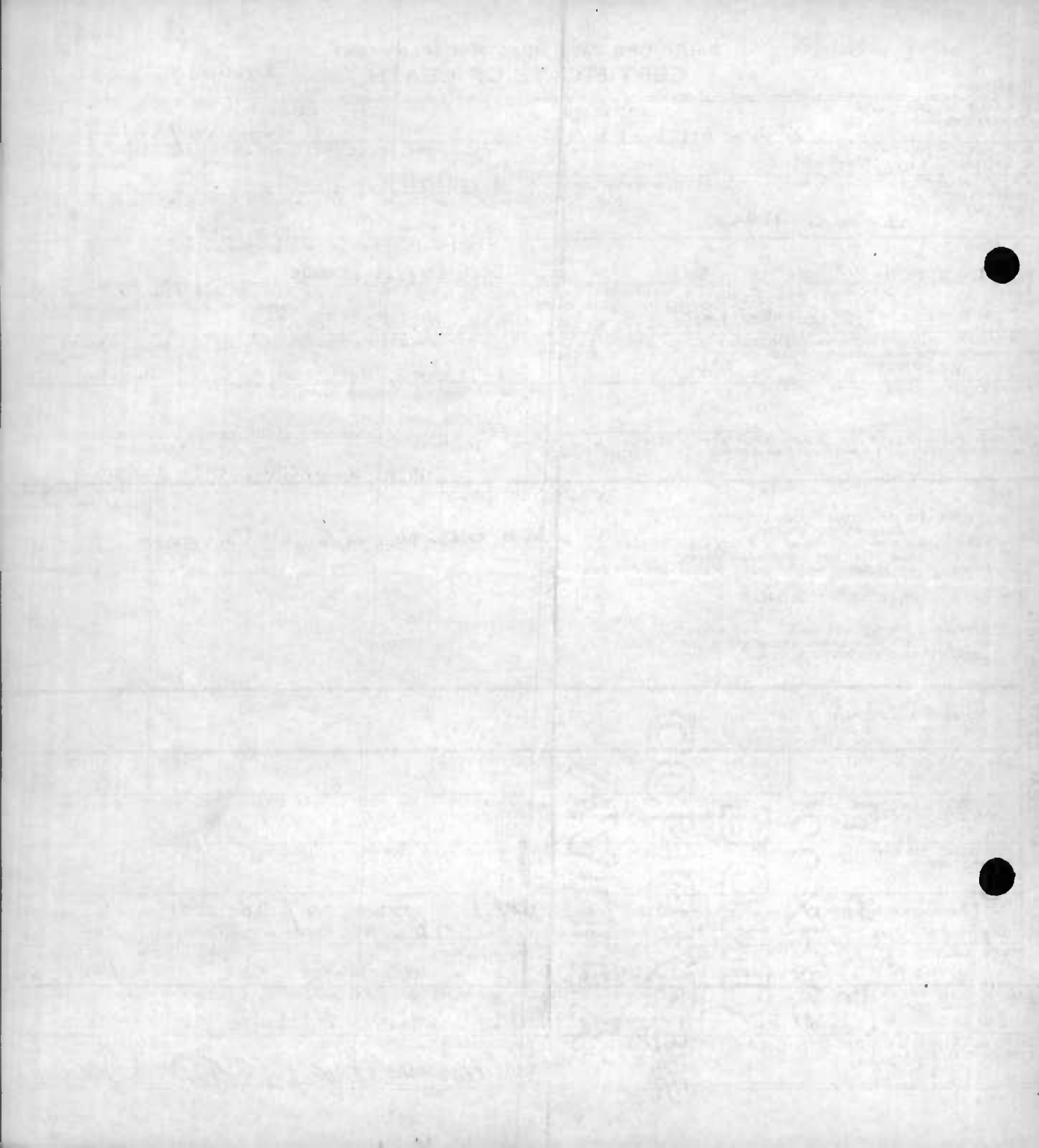
ADDRESS

(17)

OCT 31 1951

Washington Williams, M.D.

Sol Levinson &amp; Bros. 1124-26 N. North Avenue





51 9344

REA-99945

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9344

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Le Roy Gaines

2. DATE  
OF DEATH Oct. 29, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTEBaltimore City Hospitals  
4940 Eastern Avenue4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE  
MarylandC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 5-02

D. STREET ADDRESS (If rural, give location)

1028 Hillen Street

C. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Separated

8. DATE OF BIRTH

June 22, 1903

9. AGE (In years  
last birthday)

48

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

unemployed laborer son

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

George Gaines (D)

14. MOTHER'S MAIDEN NAME

Laura Chase (D)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Records: B. C. H. 4940 Eastern Avenue

18. 002X I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Pulmonary Tuberculosis

DUE TO

11 Years

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

8-16-48  
10-11-48

19B. MAJOR FINDINGS OF OPERATION

Plumbage

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

22. I hereby certify that I attended the deceased from 12-18, 1945, to 10-29, 1951, that I last saw the deceased alive on 10-29, 1951, and that death occurred at 1:49 a. m., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Rogers M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

10-29-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

Nov 3, 1951

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Mem. Park Arbutus Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Mrs. Robert G. Elliott &amp; Daughter

Very respectfully,  
Your obedient servant,  
John M. Schofield

Major General

U. S. A.

U. S. A.

U. S. A.

U. S. A.

U. S. A.

U. S. A.

U. S. A.

U. S. A.

U. S. A.

U. S. A.

U. S. A.

654  
51 9345

51 9345

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. _____		1. NAME OF DECEASED (Type or Print) <b>NATHAN GREENWALT</b>		2. DATE OF DEATH <b>10-30-51</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE <b>Md</b> B. COUNTY <b>25-41</b>			
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>257 Oaklee Village</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>			
c. Length of stay in Baltimore <b>55</b> Yrs. <b>5</b> Mos. <b>5</b> Days		D. STREET ADDRESS (If rural, give location) <b>257 Oaklee Village</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH	9. AGE (In years last birthday) <b>81</b>	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>none</b>		11. BIRTHPLACE (State or foreign country) <b>Russia</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S. 9.</b>
13. FATHER'S NAME <b>Ellis</b>		14. MOTHER'S MAIDEN NAME <b>Sarah</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <b>Esther Greenwald - Same</b>	
18. <b>442X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>DEGENERATIVE CARDIO-VASCULAR -</b> <b>RENAL DISEASE WITH</b> <b>ARTERIO-SCLEROSIS AND HYPERTENSION</b> <b>DIABETES MELLITUS</b> <b>ANEMIA</b> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) <b>DEGENERATIVE CARDIO-VASCULAR -</b> <b>RENAL DISEASE WITH</b> <b>ARTERIO-SCLEROSIS AND HYPERTENSION</b> (B) <b>DIABETES MELLITUS</b> <b>ANEMIA</b> (C) <b>ANEMIA</b>		INTERVAL BETWEEN ONSET AND DEATH <b>48 hours</b>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>June</b> , 1950 to <b>10-30-</b> , 1951, that I last saw the deceased alive on <b>10-30</b> , 1951, and that death occurred at <b>6</b> m., from the causes and on the date stated above.					
23A. SIGNATURE <b>A. A. Inouen</b>		23B. ADDRESS <b>1109 N. Calver St</b>		23C. DATE SIGNED <b>10-31-51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10/31/1951</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Herring Run</b>	
24D. LOCATION (City, town, or county) (State) <b>Balto - Md.</b>		25. FUNERAL DIRECTOR ADDRESS <b>Jack Lewis Inc. - 2100 Eutaw Pl.</b>			
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 31 1951</b>		REGISTRAR'S SIGNATURE <b>Wm. Williams, Jr.</b>			

Russman  
7165138

460

51 9346

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9346

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MIRIAM

MILLER

2. DATE  
OF  
DEATH

10-31-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Reverdale

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 27-19

D. STREET ADDRESS (If rural, give location)

5735 Johnson Ave

C. Length of stay in Baltimore

29

Yrs.

Mos.

Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

9. AGE (In years last birthday)

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF  
WHAT COUNTRY?

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

13. FATHER'S NAME

Nathan

14. MOTHER'S MAIDEN NAME

Chia

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)16. SOCIAL  
SECURITY NO.

17. INFORMANT

Sora Leider -

ADDRESS

Same

18. 3 32X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral thrombosis

1 week

ANTECEDENT CAUSES

DUE TO

(B)

Arteriosclerosis

years

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐NOT WHILE ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-31-49 to 10-31-51, that I last saw the deceased alive on 10-31-51, 1951, and that death occurred at 6:45 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Henry Nagel

M. D.

23B. ADDRESS

Reverdale Home

23C. DATE SIGNED

10-31-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10-31-51

24C. NAME OF CEMETERY OR CREMATORY

Mt Carmel

24D. LOCATION (City, town, or county) (State)

Balto Md

DATE RECEIVED BY  
LOCAL REGISTRAR

OCT 31 1951

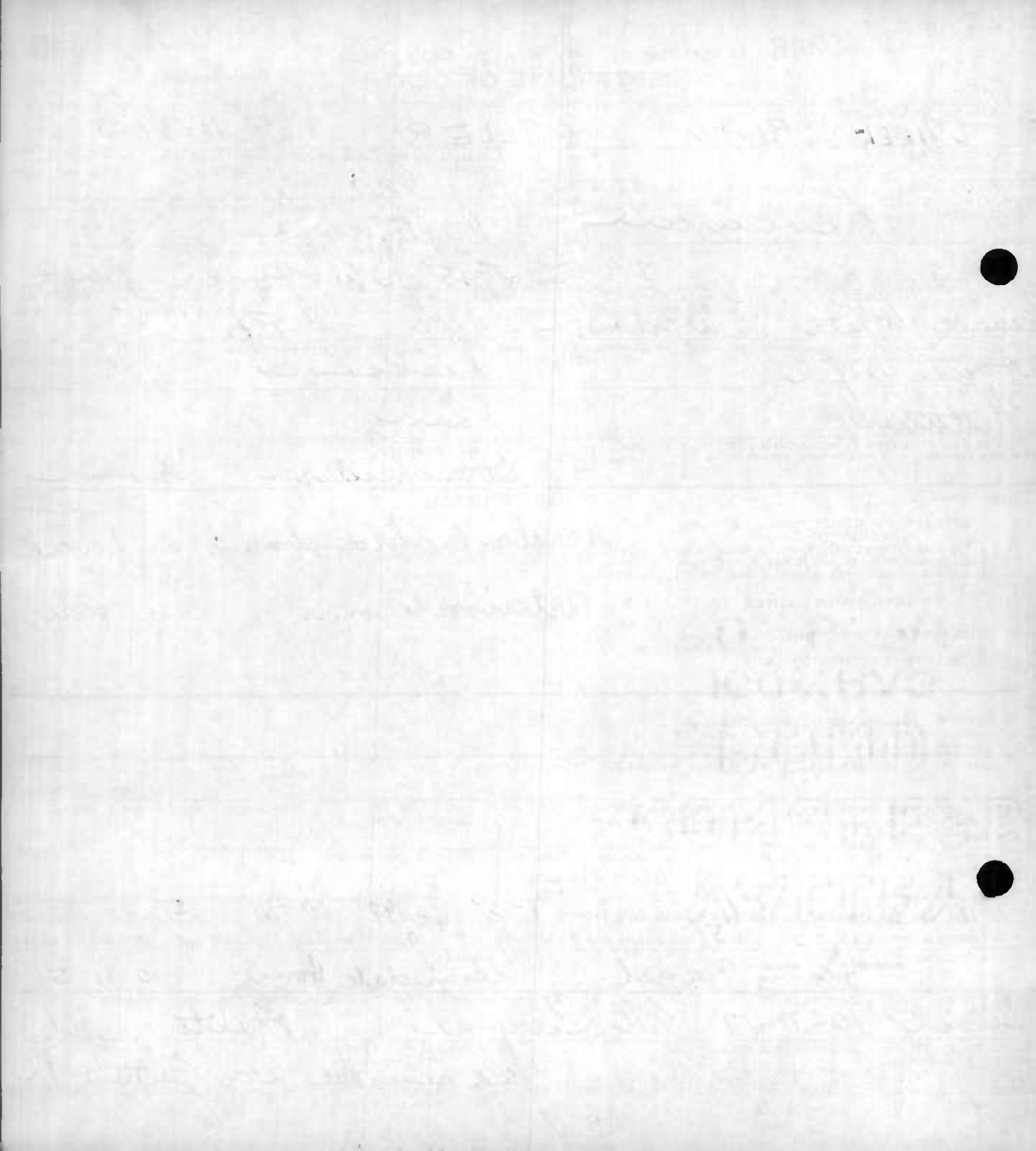
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Jack Lewis 2100 Canton Pl

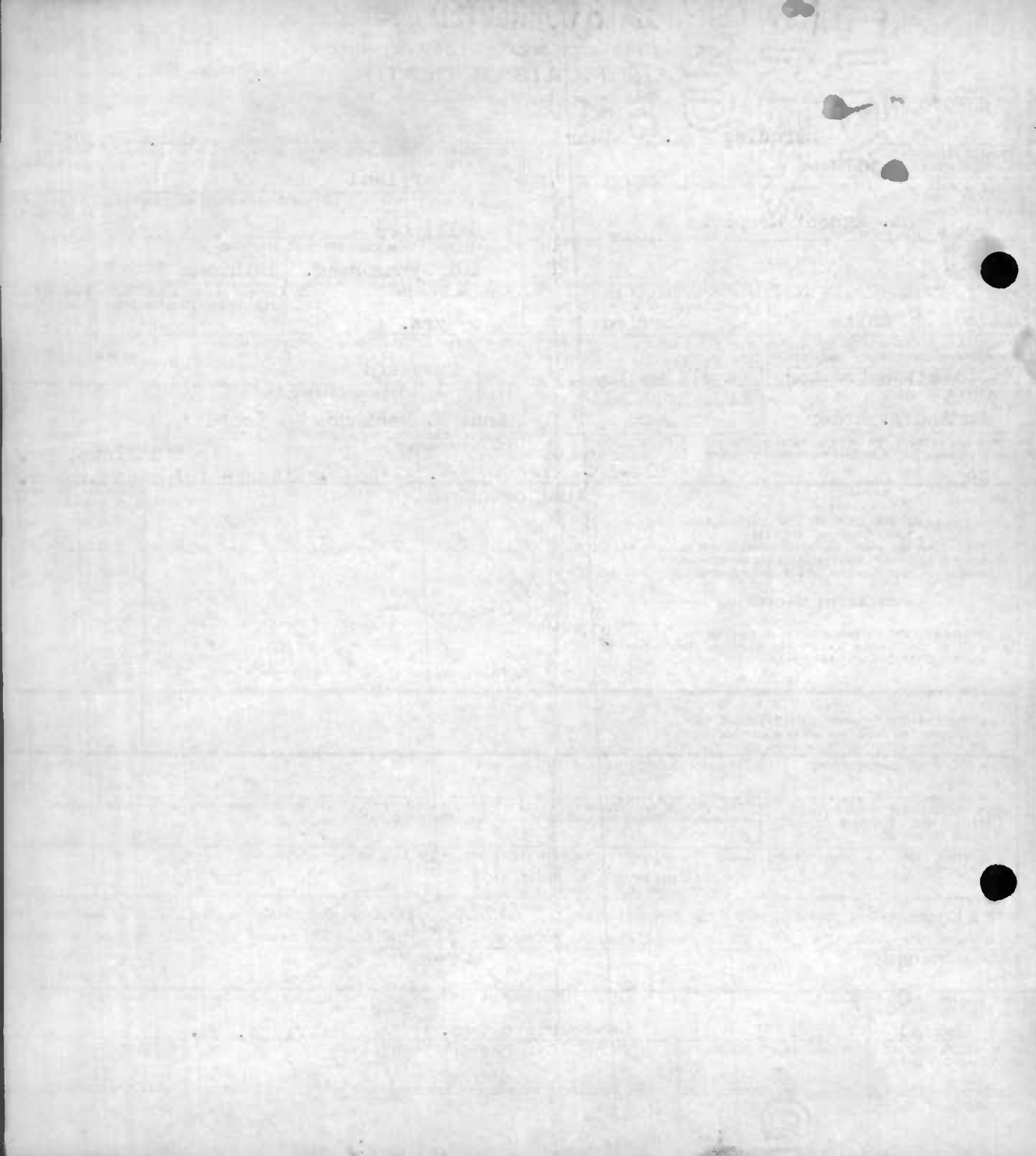
ADDRESS





360		51		9347		CERTIFICATE CORRECTED		8-8-52		51		9347	
BALTIMORE CITY HEALTH DEPARTMENT										Registered No.			
CERTIFICATE OF DEATH													
BIRTH NO.													
1. NAME OF DECEASED (Type or Print)										2. DATE OF DEATH			
Hercules A. Rider										Oct. 29, 1951			
3. PLACE OF DEATH: A. Baltimore City, Maryland										4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or location) St. Agnes' Hospital										A. STATE Maryland			
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore										B. COUNTY Anne Arundel			
D. STREET ADDRESS (If rural, give location) 101 Sycamore Rd. Linthicum 5200													
5. SEX Male										6. COLOR OR RACE White			
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married										8. DATE OF BIRTH 69 yrs.			
9. AGE (In years last birthday) 69 yrs.										10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) (Building Contractor)			
11. BIRTHPLACE (State or foreign country) Maryland										12. CITIZEN OF WHAT COUNTRY? WHAT COUNTRY?			
13. FATHER'S NAME Edmind A. Rider										14. MOTHER'S MAIDEN NAME Anna R. Macimmon Dec'd			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no										16. SOCIAL SECURITY NO. 216-10-1350			
17. INFORMANT Mrs. Alice W. Rider - 101 Sycamore Rd. Linthicum, Md.										18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial Infarction DUE TO (A) Coronary Occlusion (B) Arterial Sclerosis (C) Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. INTERVAL BETWEEN ONSET AND DEATH			
19. DATE OF OPERATION										20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH										21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)										21D. TIME (Month) (Day) (Year) (Hour) INJURY			
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK										21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 10/20/51, to 10/29/51, that I last saw the deceased alive on 10/29/51, and that death occurred at 7:50 p.m., from the causes and on the date stated above.										23A. SIGNATURE M. D.			
23B. ADDRESS 23C. DATE SIGNED 10/29/51													
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial										24B. DATE 11/1/51			
24C. NAME OF CEMETERY OR CREMATORY Meadowridge Cem.										24D. LOCATION (City, town, or county) (State) Elkridge, Md.			
DATE RECEIVED BY LOCAL REGISTRAR										25. FUNERAL DIRECTOR J. M. J. Baker & Sons 944 Baeto., Md.			
VS 150										29024			





700 51 9348

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9348

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Edward F. Bell

2. DATE  
OF  
DEATH

October 30, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

2529 Edmondson Ave.

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Retired REPRESENTATIVE

10B. KIND OF BUSINESS OR  
INDUSTRY

BREWERY

13. FATHER'S NAME

William Bell

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknowns)

no

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

214-01-7453

17. INFORMANT

ADDRESS Ave.

Mrs. Myrtle Irene Bell - 2529 Edmondson

18.

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) .....  
DUE TO

Right Heart Failure

INTERVAL BETWEEN  
ONSET AND DEATH

24 hrs

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) .....  
DUE TO  
(C) .....OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Chronic Bronchial Asthma years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 1, 1951, to Oct 30, 1951, that I last saw the  
deceased alive on Oct 30, 1951, and that death occurred at 2 A. m., from the causes and on the date stated above.

23A. SIGNATURE

J. Mendel

23B. ADDRESS

651 N Bentalon

23C. DATE SIGNED

Oct 30-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

11/1/51

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. J. Tichenor &amp; Sons

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Tichenor &amp; Sons

30046 112 Bacto, Md.

CERTIFICATE OF DEATH

Name of Deceased		Date of Death	
Place of Birth		Date of Birth	
Cause of Death		Place of Death	
Signature of Physician		Signature of Registrar	
Date of Certificate		Place of Issuance	

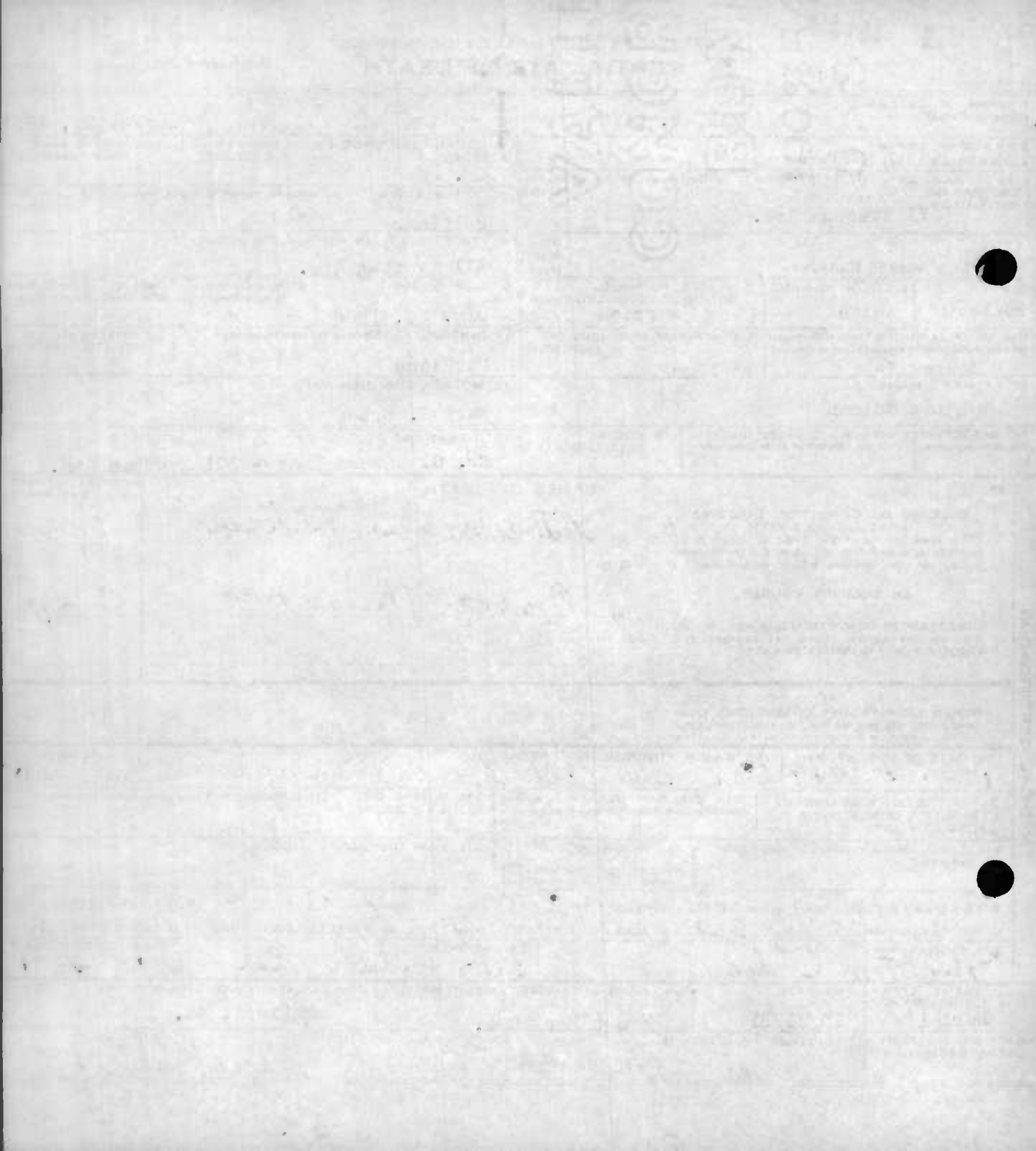
220 51 9349

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9349

Registered No. \_\_\_\_\_

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		MARY M. LANG		October 29, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 371 Evesham Ave.				A. STATE Md.	
C. Length of stay in Baltimore				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-12	
D. STREET ADDRESS (If rural, give location) 371 Evesham Ave.				D. STREET ADDRESS (If rural, give location)	
5. SEX Female		6. COLOR OR RACE white		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at Home		8. DATE OF BIRTH Dec. 24, 1886	
13. FATHER'S NAME Louis Ediman		14. MOTHER'S MAIDEN NAME Mary E. Erbe		9. AGE (In years last birthday) 64	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknowns) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		11. BIRTHPLACE (State or foreign country) Maryland	
17. INFORMANT Mr. G. Edward Lang - 371 Evesham Ave.		ADDRESS 371 Evesham Ave.		12. CITIZEN OF WHAT COUNTRY?	
18. 337X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Anteriosclerosis Obliterans DUE TO (B) Cerebral Thrombosis DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH 7 years 5 days	
19A. DATE OF OPERATION 1948 & 1949		19B. MAJOR FINDINGS OF OPERATION Congruous cold lower extremities.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-8, 1944, to 10-25, 1951, that I last saw the deceased alive on 10-28, 1951, and that death occurred at 4:24 a.m., from the causes and on the date stated above.					
23A. SIGNATURE Sueton C. Lang		23B. ADDRESS M. D. 2117 Belair Rd		23C. DATE SIGNED 10-30-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/31/51		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR OCT 31 1951		24F. REGISTRAR'S SIGNATURE Wm. J. Tichener	
24G. VS 150		24H. FUNERAL DIRECTOR Wm. J. Tichener		24I. ADDRESS Baltimore, Md.	



420  
51 9350BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9350  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MARY A. MILLS

2. DATE  
OF DEATH Oct. 23, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR Melchor Nursing Home  
INSTITUTION 2327 N. Charles St.4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Md.  
B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 12-01D. STREET ADDRESS (If rural, give location)  
3822 Greenmount Ave.

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
single

8. DATE OF BIRTH

Jan. 5, 1880

9. AGE (In years  
last birthday)

71

If Under 1 Year  
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)  
none10B. KIND OF BUSINESS OR  
INDUSTRY  
none

11. BIRTHPLACE (State or foreign country)

Washington, D. C.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

John L. Mills

14. MOTHER'S MAIDEN NAME

Annie M. Bowers

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) no  
(If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.  
none

17. INFORMANT

ADDRESS

Miss Carrie Long - 3822 Greenmount Ave.

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1<sup>st</sup>, 1951, to Oct. 28<sup>th</sup>, 1951, that I last saw the  
deceased alive on Oct 28<sup>th</sup>, 1951, and that death occurred at 10 P. m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

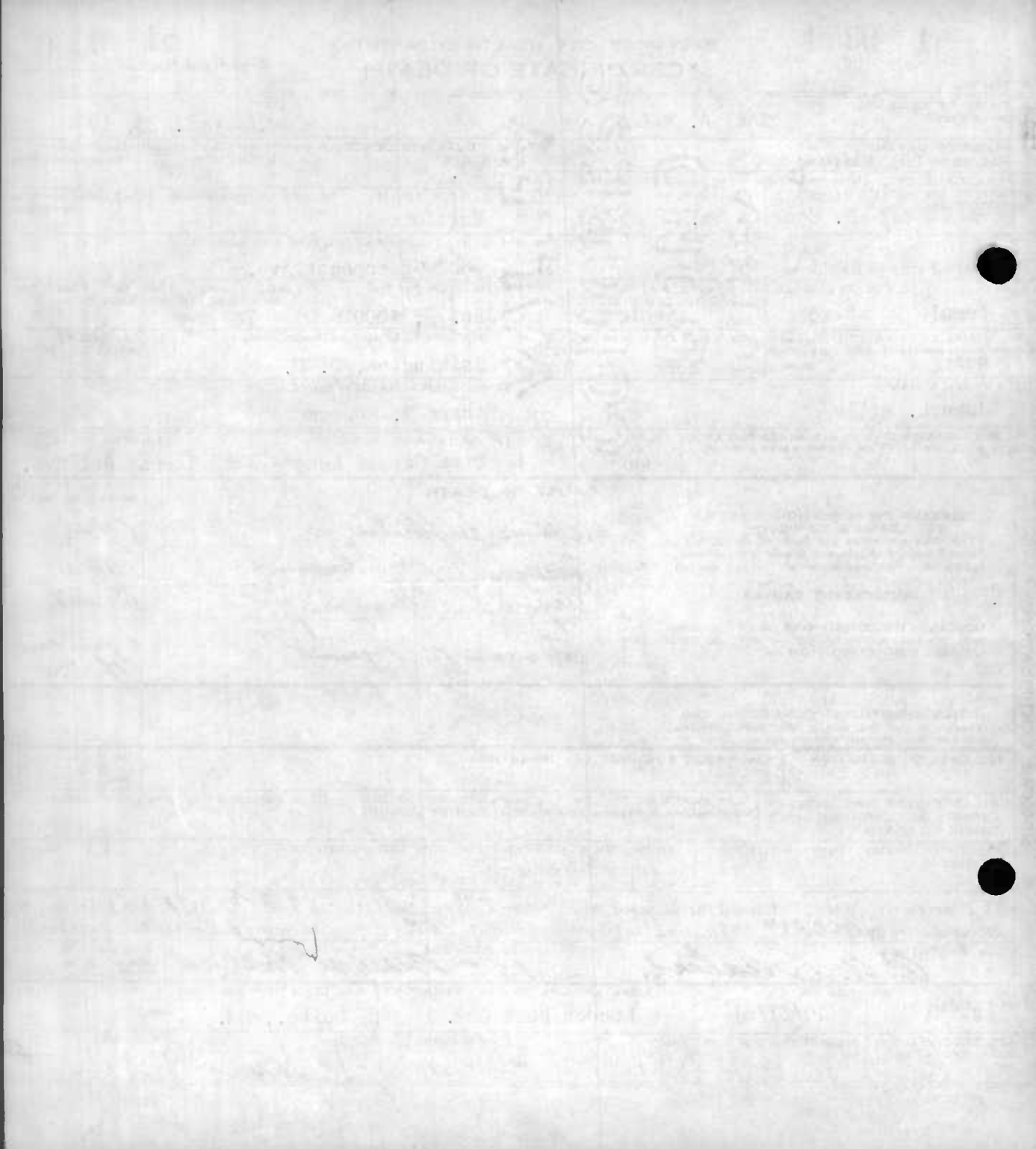
ADDRESS

OCT 31 1951

VS 150

Balto., Md. 46E







51 9351

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9351  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

NELLIE

MOSBY

2. DATE  
OF  
DEATH Oct. 30, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1205 Laurens Street

Length of stay in Baltimore

?

Yrs.  
Mos.  
Days

X

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

7/15/1902

9. AGE (In years  
last birthday)

49

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

H. W.

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF  
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

John Farrar

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

none

17. INFORMANT

ADDRESS

Robert Mosby 1205 Laurens St.

18. 443X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Hypertensive heart disease

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

23B. CHIEF MEDICAL EXAMINER ☐  
ASSISTANT MEDICAL EXAMINER ☒  
M.D. MEDICAL INVESTIGATOR

23C. DATE SIGNED

10-30-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

11/2/51

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Memorial Park, Inc.

24D. LOCATION (City, town, or county)

Arbutus Md.

(State)

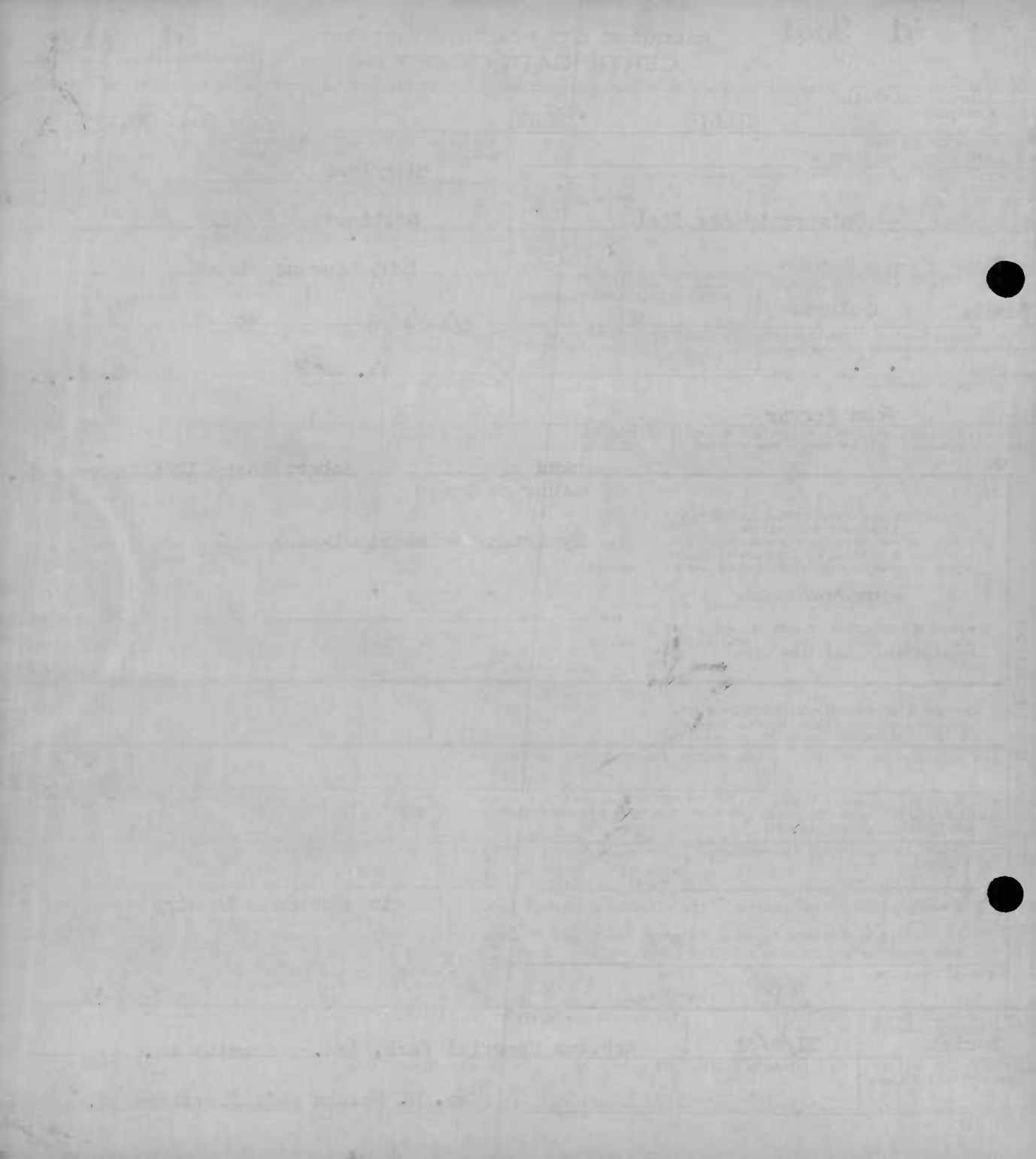
DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Geo. G. Kelson 1303 Presstman St.



616

51

9352

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51

9352

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

EMILY ELIZABETH SHRIVER

2. DATE  
OF  
DEATH

10-28-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

2104 Homewood Avenue

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

1871

9. AGE (In years  
last birthday)

80

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR  
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Baltimore Co.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Alfred Shriver

14. MOTHER'S MAIDEN NAME

Hannah Woods

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

-

17. INFORMANT

ADDRESS

Miss Bessie Shriver-2104 Homewood

18.

447 X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

9 days

undf

undf

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 Oct, 1957, to 28 Oct, 1957, that I last saw the  
deceased alive on 27 Oct, 1957, and that death occurred at 10 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

10-31-51

Loudon Park

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

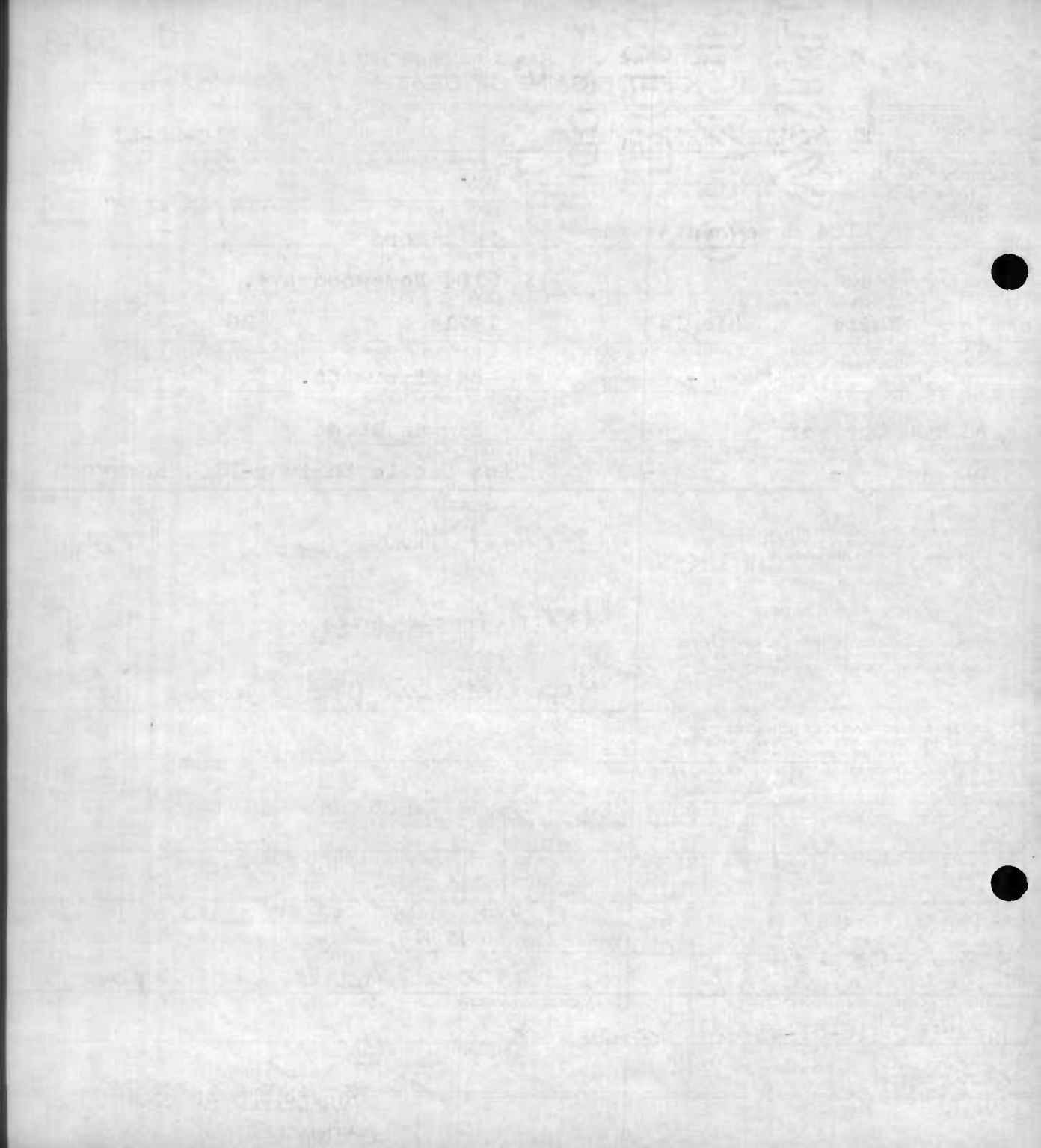
25. FUNERAL DIRECTOR

ADDRESS

OCT 31 1951

VS 150

WIEDEFELD AND SON  
GREENMOUNT AVE. & 22nd ST. 937



51 9353  
 REA-143072

BALTIMORE CITY HEALTH DEPARTMENT  
 CERTIFICATE OF DEATH

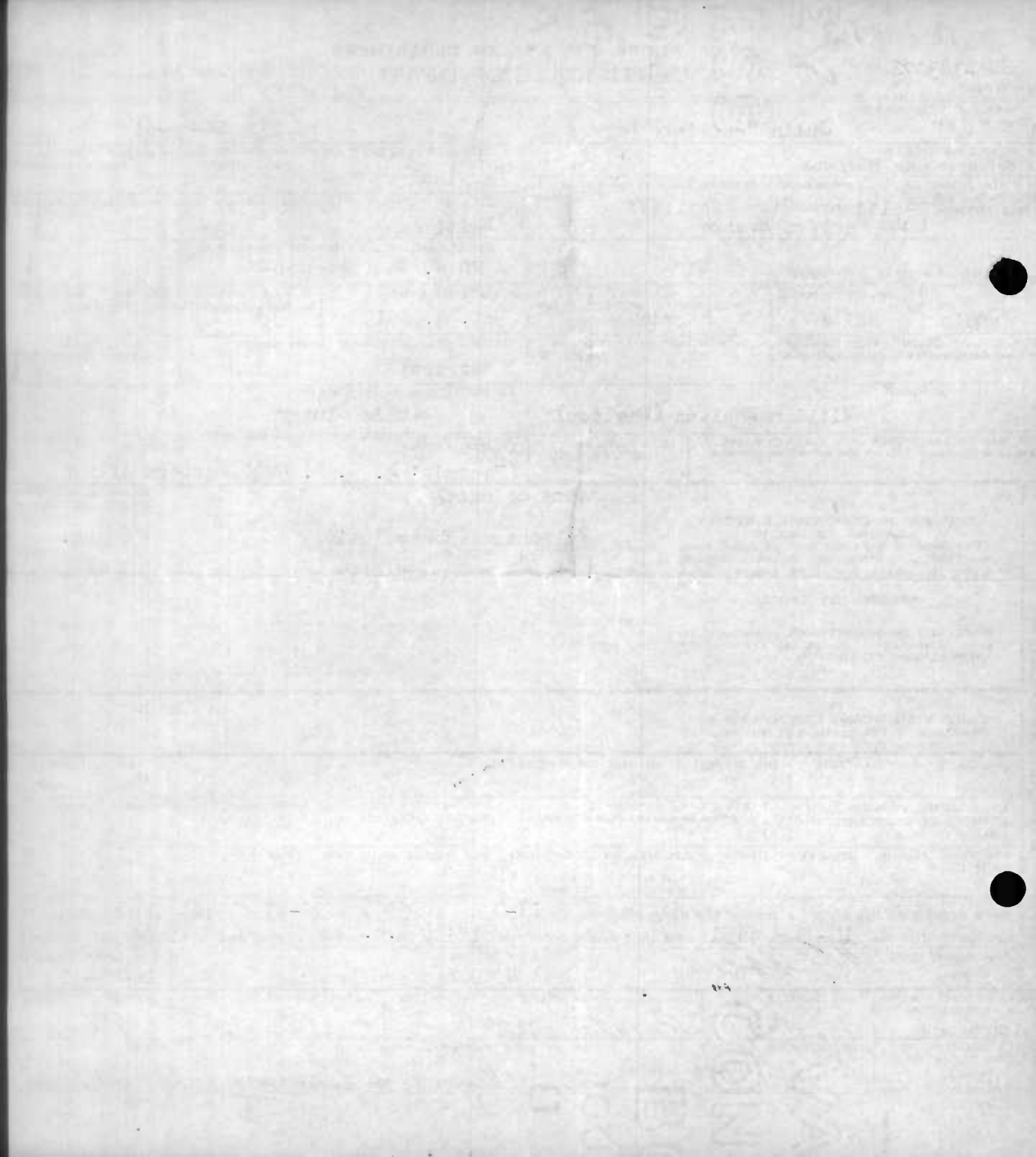
51 9353  
 Registered No.

1. NAME OF DECEASED (Type or Print) <b>Julia Genevieve Meyers</b>		2. DATE OF DEATH <b>10-29-51</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Baltimore City Hospitals</b> <b>4940 Eastern Avenue</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>26-10</b>	
D. STREET ADDRESS (If rural, give location) <b>20 S. East Avenue-24</b>		E. LENGTH OF STAY IN BALTIMORE <b>Life</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 5, 1919</b>
9. AGE (In years last birthday) <b>32</b>		# Under 1 Year Months: Days:	# Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>William Shelton (Sheldon)</b>		14. MOTHER'S MAIDEN NAME <b>Julia Cluney</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>Yes, no or unknown</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Records: B. C. H. 4940 Eastern Avenue</b>		ADDRESS	

18. <b>002X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Pulmonary Tuberculosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 yrs.</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) _____ DUE TO (B) _____ DUE TO (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>10-29-51</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <b>11-3</b> , 19 <b>50</b> , to <b>10-29</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>10-29</b> , 19 <b>51</b> , and that death occurred at <b>12:10 P.M.</b> from the causes and on the date stated above.				
23A. SIGNATURE <i>[Signature]</i>	23B. ADDRESS <b>4940 Eastern Avenue</b>	23C. DATE SIGNED <b>10-29-51</b>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>11-2-1951</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Baltimore</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 31 1951</b>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR <b>Flynn &amp; Fleming 1426 Light St.</b>		

13B



100 51 9354

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9354  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

William R. Cavey

2. DATE  
OF  
DEATH

October 30, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

2728 Harlem Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE  
Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2728 Harlem Avenue

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

April 28, 1898

9. AGE (in years  
last birthday)

53

If Under 1 Year  
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Chauffeur

10B. KIND OF BUSINESS OR  
INDUSTRY

Sudbrook Contracting

11. BIRTHPLACE (State or foreign country)

Co. Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Beal Cavey

14. MOTHER'S MAIDEN NAME

Catherine

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.  
214-01-166717. INFORMANT  
ADDRESS  
Virginia Cavey, 2728 Harlem Avenue

18. 420.1 I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Coronary occlusion (acute?)  
(D.O.A.)  
To be examined  
by medical Examiner

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

## CERTIFICATION APPROVED BY

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

H. J. Decker, M.D.  
CHIEF OR ASST. MEDICAL EXAMINER20. AUTOPSY?  
YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the  
deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23A. SIGNATURE

Harry P. Leibel

M. D.

23B. ADDRESS

2703 Edmondson

23C. DATE SIGNED

10/31/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

burial

24B. DATE

11/3/51

24C. NAME OF CEMETERY OR CREMATORY

Western Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Wm. Paul Inc.

ADDRESS

1217 St. Paul Street



October 20, 1951

William E. Gandy

Mr. Gandy

Mr. Gandy

Mr. Gandy

Mr. Gandy

Mr. Gandy

Mr. Gandy

Mr. Gandy

Mr. Gandy

Mr. Gandy

Mr. Gandy

Mr. Gandy

Mr. Gandy

Mr. Gandy

(100-1)

Mr. Gandy

Mr. Gandy

Mr. Gandy

Mr. Gandy

Mr. Gandy

Mr. Gandy

164 51 9355

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9355  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Anna M. Zeberlein

2. DATE OF DEATH  
October 30, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION  
2405 Greenmount AvenueYrs.  
Mos.  
Days

C. Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
widowed10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Tavern Owner

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

John Jacob Beil

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Helen Hine, 2405 Greenmount Avenue

18. 260 X 1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Thrombosis

6 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Arteriosclerotic Cardio-vascular Disease. Old Coronary Thrombosis.

4 yrs.

(C)

Diabetes Mellitus.

10 yrs.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1947 to Oct. 30, 1951, that I last saw the deceased alive on Oct. 26, 1951, and that death occurred at 7 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Wm. H. Kammer, Jr.

M. D.

23B. ADDRESS

501 Sheridan Ave.

23C. DATE SIGNED

Oct. 30, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)  
burial

24B. DATE

11/2/51

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

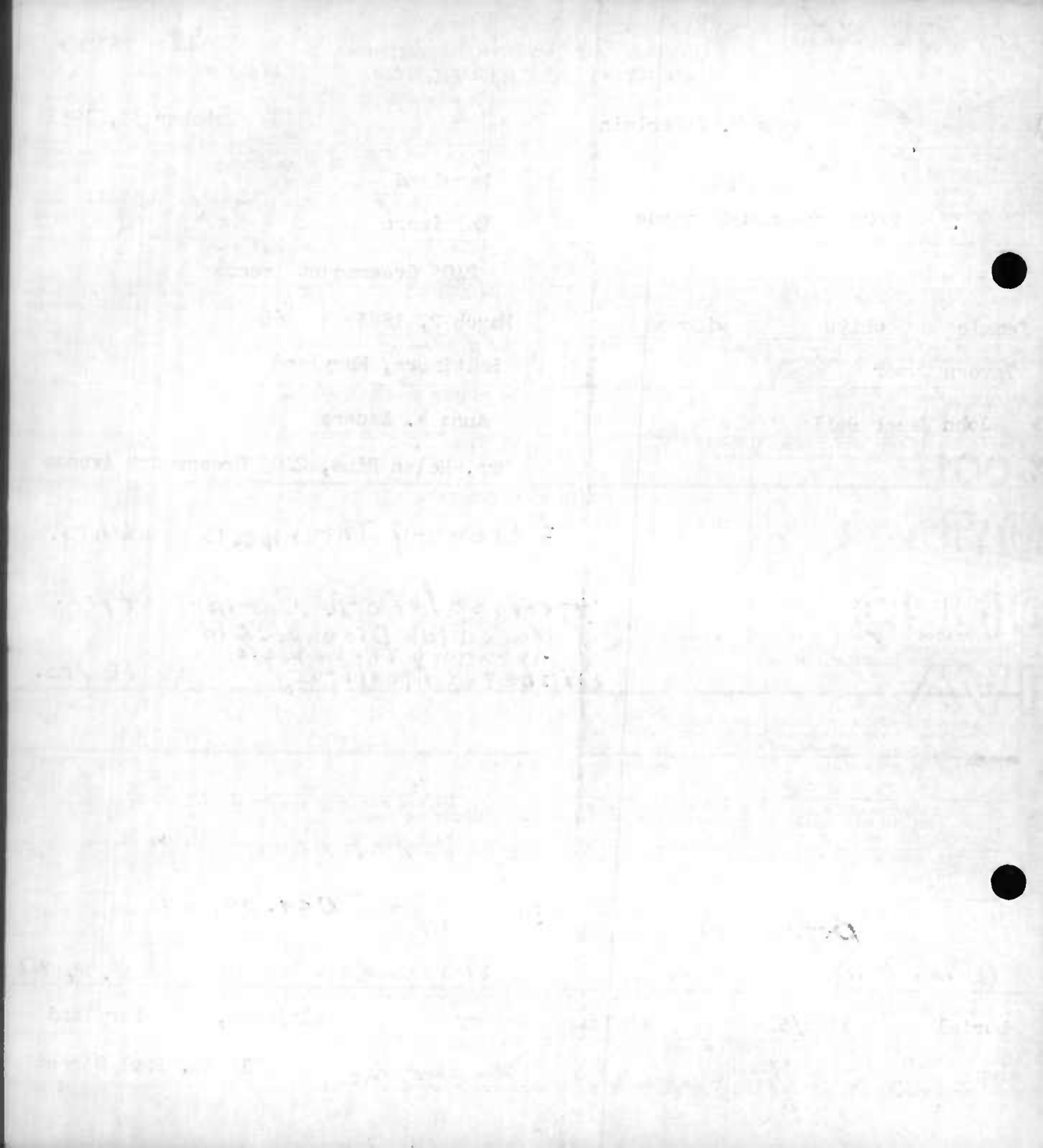
25. FUNERAL DIRECTOR

Wm. Cook, Inc.,

ADDRESS

1217 St. Paul Street

OCT 31 1951



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 9356

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <u>Jennie Todaro</u>			2. DATE OF DEATH <u>Oct 29-1951</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Baltimore Maryland</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>167 S. Morley St.</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>20-07</u>		
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <u>167 S. Morley St.</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov. 24, 1904</u>		9. AGE (In years last birthday) <u>46</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Saleswoman</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>DEPARTMENT STORE</u>		11. BIRTHPLACE (State or foreign country) <u>Scranton Pa.</u>	
13. FATHER'S NAME <u>Pietro Legambi</u>			14. MOTHER'S MAIDEN NAME <u>Caroline Vazzara</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>213-01-8789</u>		17. INFORMANT ADDRESS <u>Vincent Todaro 167 S. Morley St.</u>	

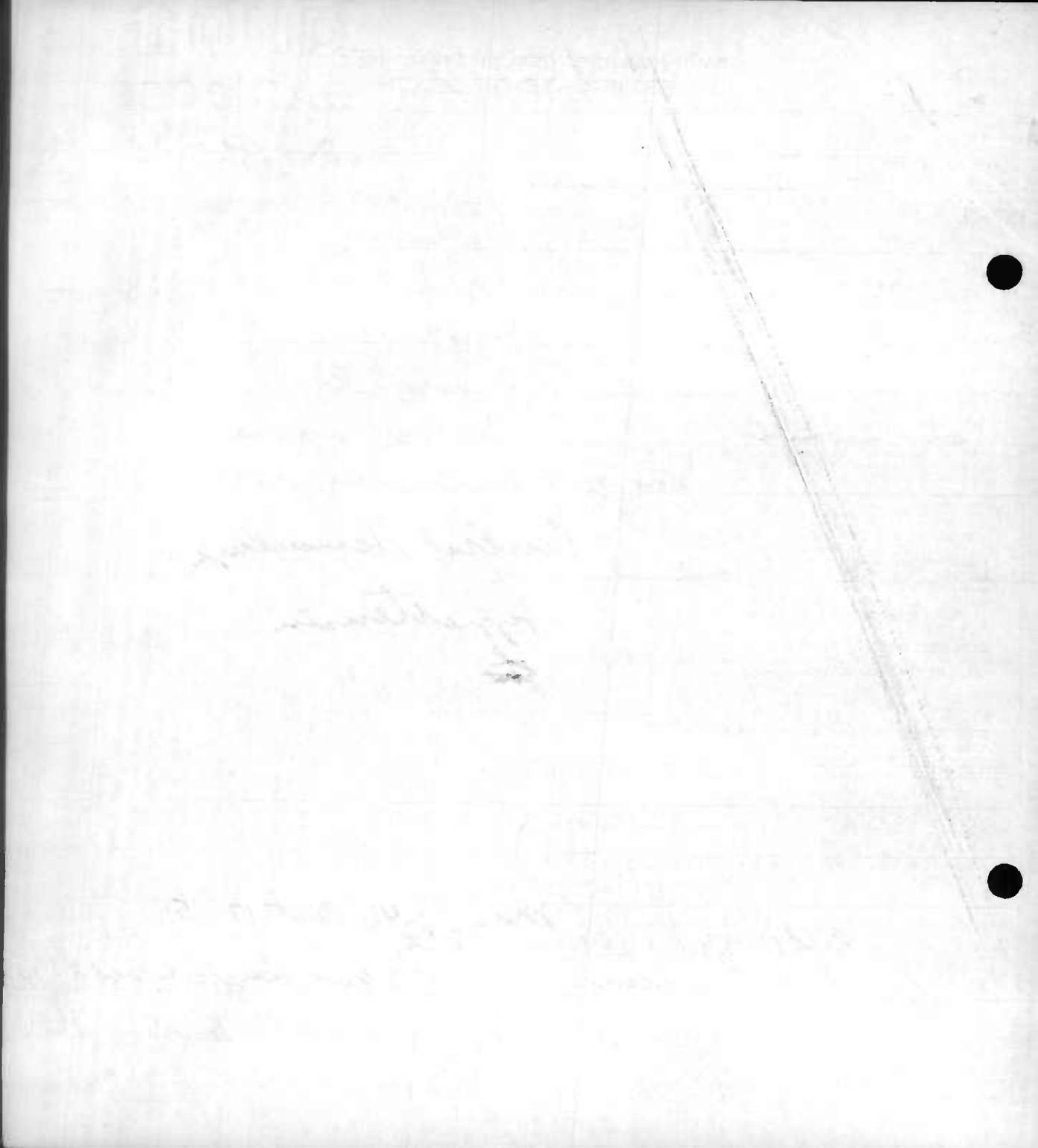
18. <u>331X1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <u>Cerebral Hemorrhage.</u> DUE TO (B) <u>Hypertension.</u> DUE TO (C) _____  INTERVAL BETWEEN ONSET AND DEATH
---	--

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>May 1946</u> to <u>Oct 17, 1951</u> , that I last saw the deceased alive on <u>Oct 17, 1951</u> , and that death occurred at <u>8:45 Am.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Paula Resciniti</u>		23B. ADDRESS <u>1429 W Fayette St</u>		23C. DATE SIGNED <u>Oct 31, 1951</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>Nov 2-1951</u>		24C. NAME OF CEMETERY OR CREMATORY <u>New Cathedral Cemetery</u>	
24D. LOCATION (City, town, or county) (State) <u>Baltimore Md.</u>		25. FUNERAL DIRECTOR ADDRESS <u>Joseph Garza Inc. 2013 Greenmount Ave</u>			
DATE RECEIVED BY LOCAL REGISTRAR <u>OCT 31 1951</u> REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>					

MEDICAL CERTIFICATION

4906C

83a



246  
9357

CERTIFICATE CORRECTED 11-2-51

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9357

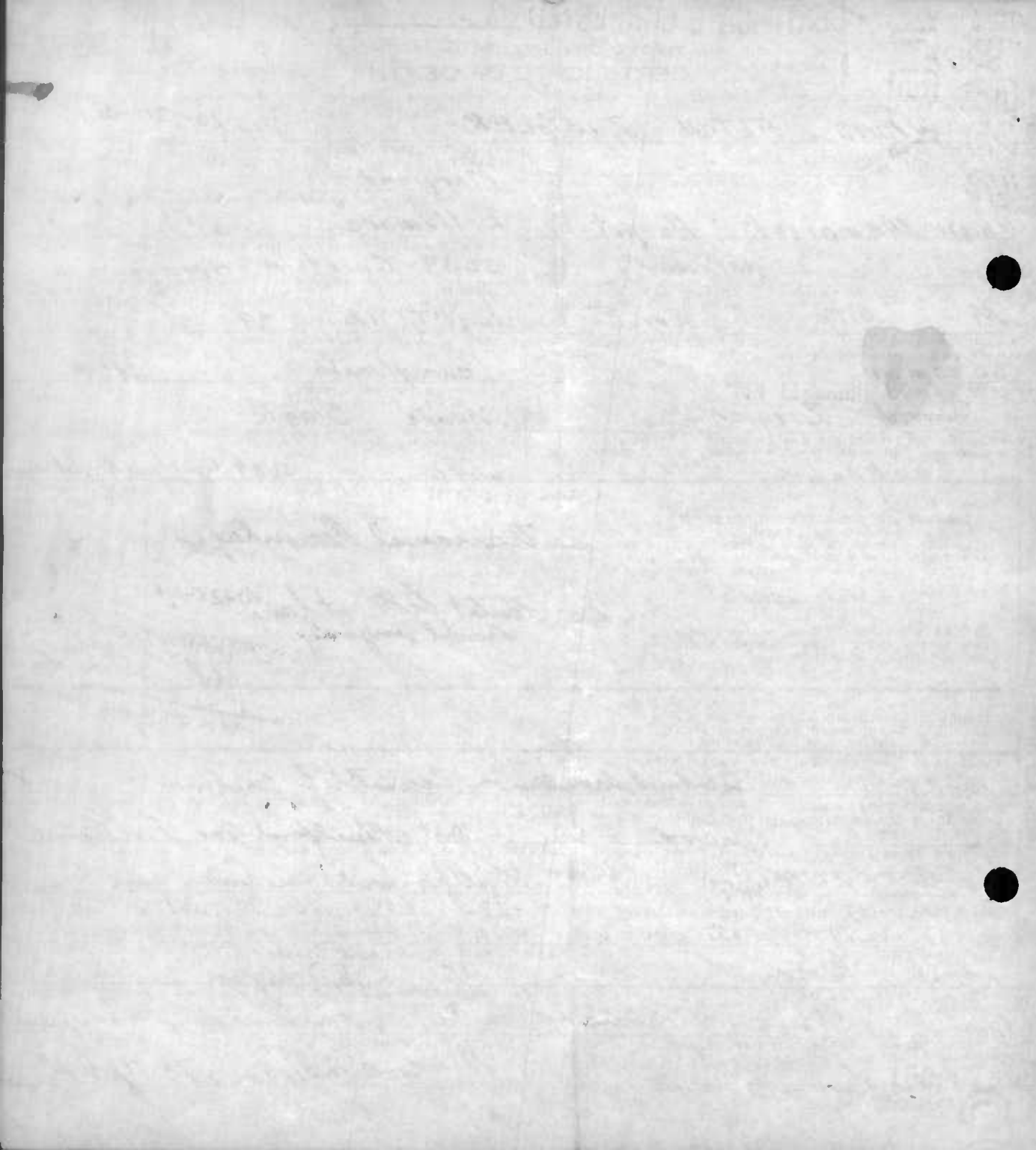
Registered No.

1. NAME OF DECEASED (Type or Print) <b>DAVID ELTON ZIEGLER</b>				2. DATE OF DEATH <b>10-30-51</b>			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>1202</b>			
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Union Memorial Hospital</b>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>			
C. Length of stay in Baltimore <b>unknown</b>				D. STREET ADDRESS (If rural, give location) <b>3039 Guilford Avenue</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>June 20, 1912</b>		9. AGE (In years last birthday) <b>39</b>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>salesman</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>TIRES</b>		11. BIRTHPLACE (State or foreign country) <b>Pennsylvania</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Russell H. David Ziegler</b>				14. MOTHER'S MAIDEN NAME <b>Maudie Slagle</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>unknown</b>				16. SOCIAL SECURITY NO.			
				17. INFORMANT <b>wife</b> ADDRESS <b>3039 Guilford Ave, Baltimore</b>			
18. <b>E9020 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>intracranial hemorrhage</b> DUE TO <b>accidental fall at home</b> <b>head injury</b> 10-28-51 CERTIFICATION APPROVED BY <b>[Signature]</b> M.D. CHIEF OR ASST. MEDICAL EXAMINER				INTERVAL BETWEEN ONSET AND DEATH			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION <b>10-28-51</b>		19B. MAJOR FINDINGS OF OPERATION <b>subdural hematoma - lacerating cerebrum</b>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>		21C. WHERE DID INJURY OCCUR? <b>3039 Guilford Ave, Baltimore</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>Oct 28 1951 (approx)</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>fall from porch when railing gave way</b>			
22. I hereby certify that I attended the deceased from <b>10-28-1951</b> to <b>10-30-1951</b> , that I last saw the deceased alive on <b>10-30-1951</b> , and that death occurred at <b>4:30 a.m.</b> , from the causes and on the date stated above.							
23A. SIGNATURE <b>Alfred S. Nelson</b>		23B. ADDRESS <b>Union Memorial Hosp, Baltimore, Md</b>		23C. DATE SIGNED <b>Oct 30, 1951</b>		M. D.	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>11/2/51</b>		24C. NAME OF CEMETERY <b>Mowland Park</b>		24D. LOCATION (City, town, or county) (State) <b>Parkville, Maryland</b>	
25. FUNERAL DIRECTOR <b>Wm. Cook, Inc.</b>		ADDRESS <b>1247 18th Bul Bldg</b>					

MEDICAL CERTIFICATION

VS 150  
OCT 31 1951

N-853.2 4906J 186a





524  
9358

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9358  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Marie Ann Fennekohl</b>			2. DATE OF DEATH <b>10-29-51</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MD.</b> B. COUNTY <b>Baltimore</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>UNION MEMORIAL HOSP</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 13</b>		
C. Length of stay in Baltimore <b>54</b> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>1428 Edison Highway</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>	8. DATE OF BIRTH <b>July 14, 1897</b>		9. AGE (in years last birthday) <b>54</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>at home</b>		11. BIRTHPLACE (State or foreign country) <b>Baltimore, MD.</b>
13. FATHER'S NAME <b>Richard Miller</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b>			16. SOCIAL SECURITY NO. <b>none</b>		
14. MOTHER'S MAIDEN NAME <b>Katherine Fricke</b>			17. INFORMANT <b>1428 Edison Hwy. Mr. Frederick Fennekohl</b>		

18. <b>223X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <b>Meningeoma - Brain</b> DUE TO (B) _____ DUE TO (C) <b>Operative Injury to Ventrals Cerebrus of Brain</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 yrs</b>

19A. DATE OF OPERATION <b>10-29-51</b>		19B. MAJOR FINDINGS OF OPERATION <b>Tumor of 3rd + 4th ventricles of brain</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <input type="checkbox"/>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <input type="checkbox"/>	
21D. TIME (Month) (Day) (Year) (Hour) <b>2 INJURY</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from <b>10-26, 1951</b> to <b>10-29, 1951</b> , that I last saw the deceased alive on <b>10-29, 1951</b> and that death occurred at <b>9:25 P.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Fennel M. Smelser</b>		23B. ADDRESS <b>M. D. Union Memorial Hosp.</b>		23C. DATE SIGNED <b>10/29/51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24B. DATE <b>11/ 2/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Moreland Memorial Cem. Baltimore, Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 31 1951</b>		REGISTRAR'S SIGNATURE <b>Washington Williams, M.D.</b>		25. FUNERAL DIRECTOR <b>HENRY SANDER &amp; SONS, INC. BALTO., 13, MD.</b>	

VS 150  
567



400  
51 9359

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9359

1. NAME OF DECEASED (Type or Print) <i>Cecelia Will (CECELIA WILL)</i>		2. DATE OF DEATH <i>10.30.51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Baltimore</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <i>Maryland General Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>9-06</i>	
C. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>1841 E 30th st #18</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>w.</i>	8. DATE OF BIRTH <i>April 6 1881</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housework</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at home</i>	9. AGE (In years last birthday) <i>70</i>
13. FATHER'S NAME <i>Simon Blessing</i>		14. MOTHER'S MAIDEN NAME <i>Katherine Frostburg</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	
		17. INFORMANT <i>1841 E. 30th. Street -18</i> <i>Mr. Daniel J. Will, Jr.</i>	

18. <i>331X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) <del>Cerebral</del> DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <i>Cerebral hemorrhage</i> DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) <i>Hypertension</i>			

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

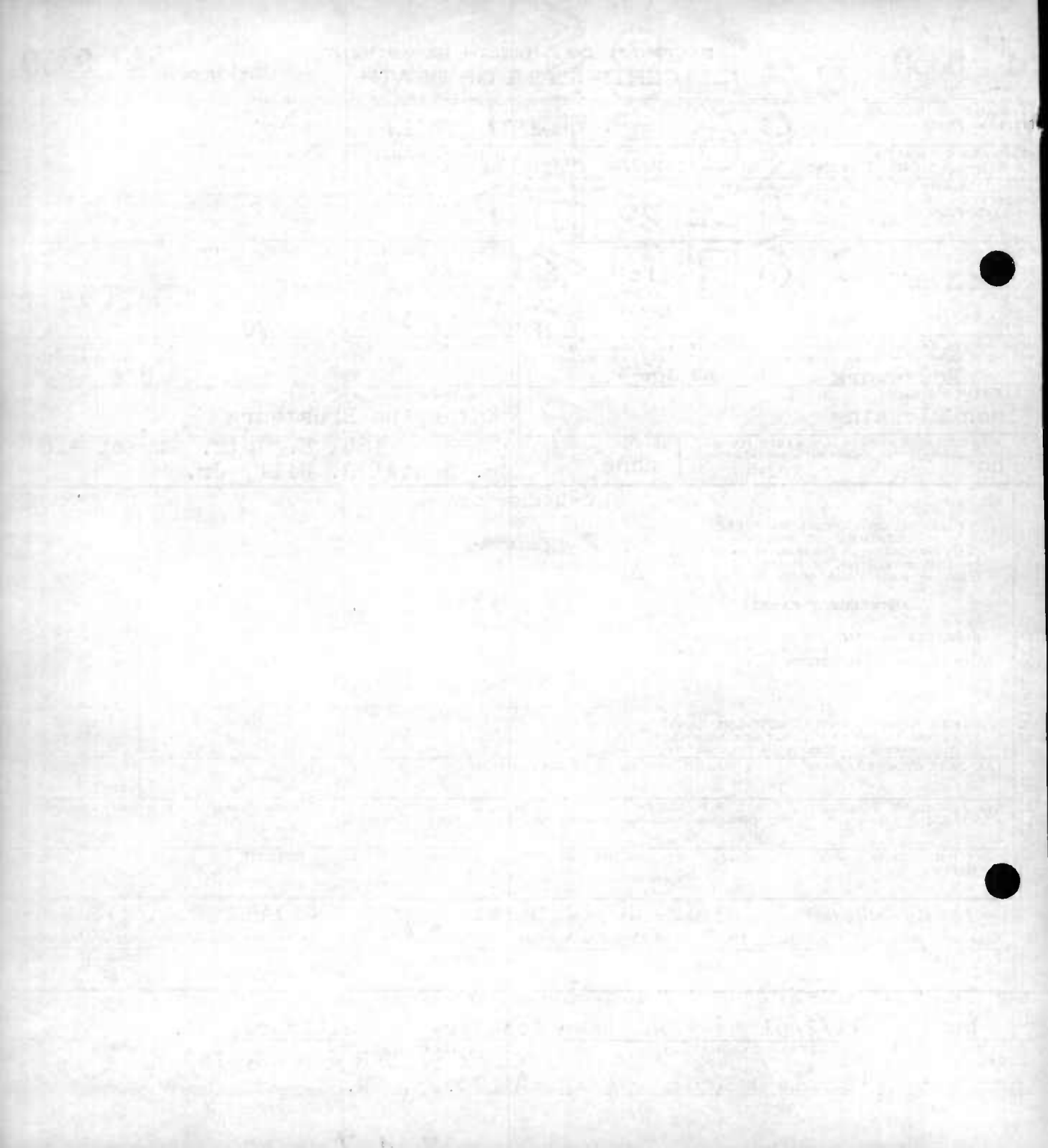
22. I hereby certify that I attended the deceased from *10.29*, 19*51*, to *10.30*, 19*51*, that I last saw the deceased alive on *10.30*, 19*51*, and that death occurred at *8:15 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE <i>[Signature]</i>		23B. ADDRESS <i>Maryland General Hospital</i>		23C. DATE SIGNED <i>10.30.51</i>	
--------------------------------------	--	--	--	-------------------------------------	--

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24B. DATE <i>11/2/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Oak Lawn Cemetery</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>	
--	--	-----------------------------	--	--	--	--	--

DATE RECEIVED BY LOCAL REGISTRAR *067311951* VS 150  
REGISTRAR'S SIGNATURE *Huntington Williams, Jr.*  
25. FUNERAL DIRECTOR  
*HENRY SANDER & SONS, INC.*  
*BALTO. 13, MD.*  
*George J. Sander*  
*83a*

MEDICAL CERTIFICATION



563  
01 9360BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

51 9360

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

George Reinhardt

2. DATE  
OF  
DEATH

10-29-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

South Baltimore General Hospital

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Blacksmith

10B. KIND OF BUSINESS OR  
INDUSTRY

Mex. Pet. Co.

13. FATHER'S NAME

? Reinhardt

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

8. DATE OF BIRTH

4/5/1875

9. AGE (in years  
last birthday)

76

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

?

17. INFORMANT

ADDRESS

Family Name.

18. 420.1 and E 903.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) .....  
DUE TO

Acute Coronary occlusion

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) .....  
DUE TO

Coronary atherosclerosis

(C) .....

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Fracture, single, neck, humerus (?)

CERTIFICATION APPROVED BY

M. D.

CHIEF OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☒  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., io or  
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID  
INJURY OCCUR?

331 Washburn Ave.

21D. TIME (Month) (Day) (Year) (Hour)

Oct. 11, 1951

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☒  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

Slipped &amp; fell to floor

22. I hereby certify that I attended the deceased from Oct 3, 1951, to Oct 29, 1951, that I last saw the deceased alive on Oct 19, 1951, and that death occurred at 10:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Seang-hy Tan

23B. ADDRESS  
M. D.

South Balto. Gen. Hosp.

23C. DATE SIGNED

10-29-51

24A. BURIAL CREMA-  
TION, REMOVAL (Specify)

B.

24B. DATE

11-1-51

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

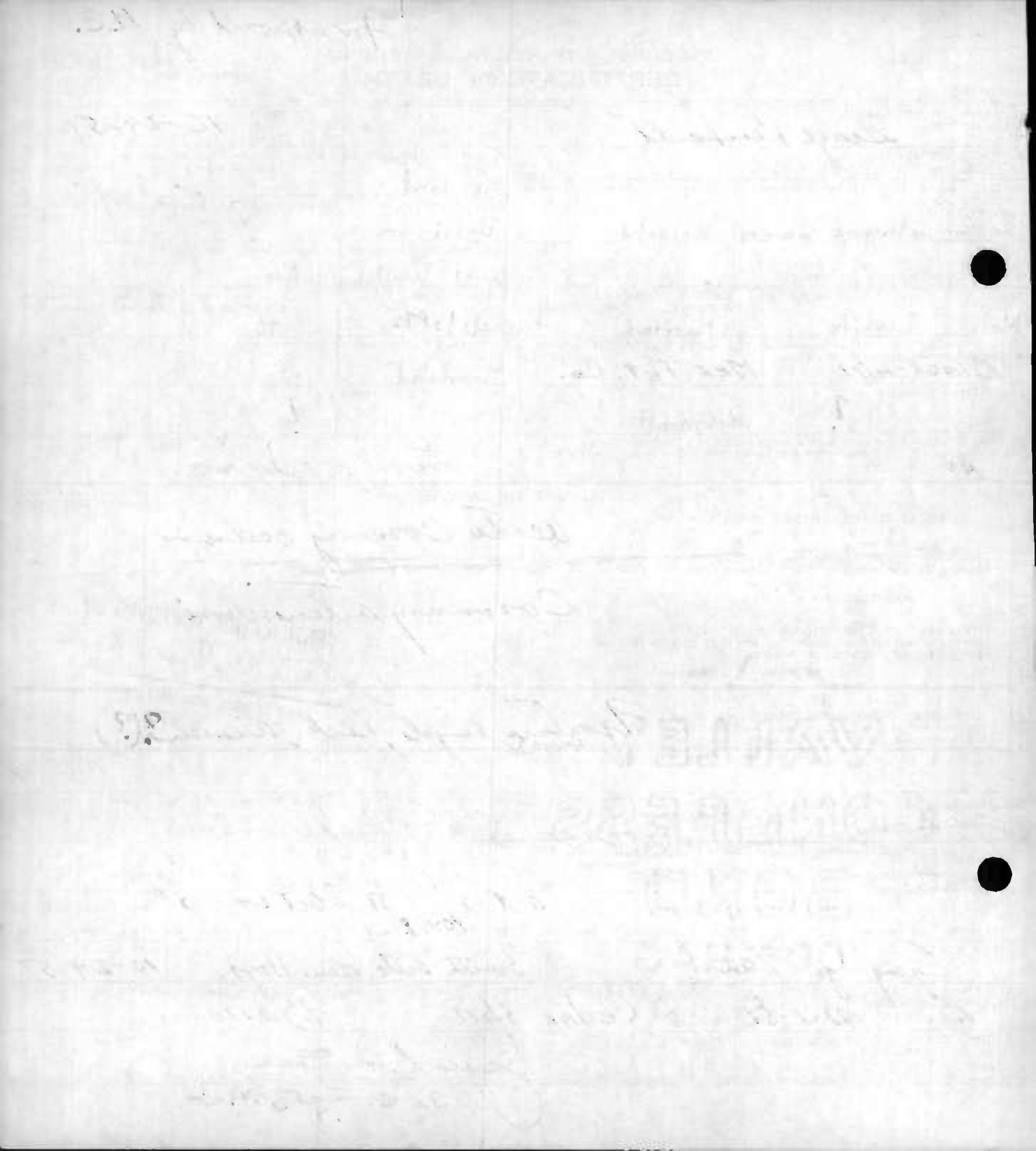
James L. DeCary

VS 150

N-812.0

130 E. Fort Ave.

94a



400  
51 9361

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9361  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
CHARLES HILL		Oct. 30, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)	
B. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		A. STATE Maryland	
C. CITY OR TOWN Baltimore		B. COUNTY	
D. STREET ADDRESS (If rural, give location) 1720 Webster Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location)	
5. SEX Male		8. DATE OF BIRTH 3/3/1895	
6. COLOR OR RACE White		9. AGE (In years last birthday) 56	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mech.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mech.		10B. KIND OF BUSINESS OR INDUSTRY B.T.C.	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME ?		14. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Family - Same		ADDRESS	

18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive cardiovascular disease DUE TO CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

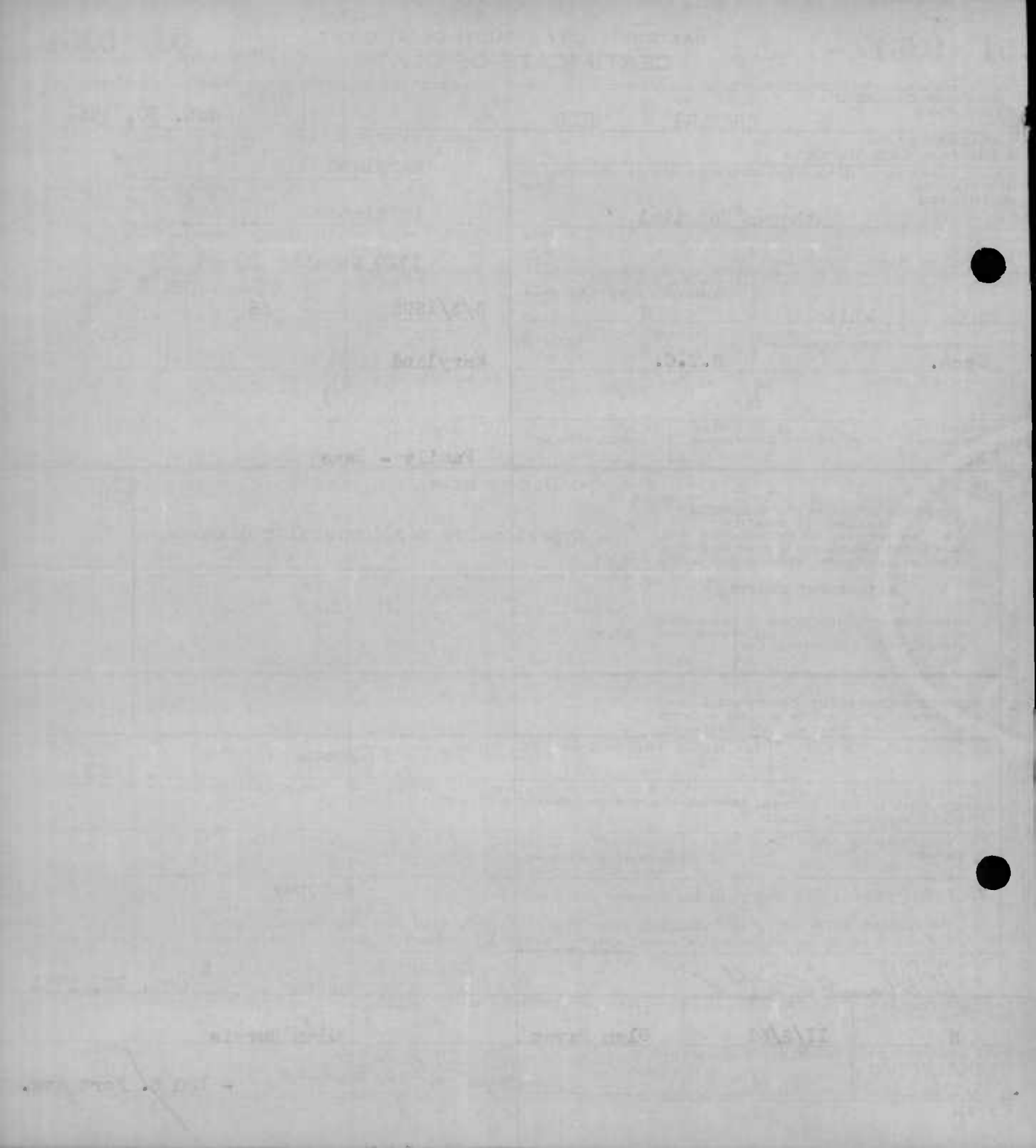
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William H. ...		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Oct. 30, 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) B	24B. DATE 11/2/51	24C. NAME OF CEMETERY OR CREMATORY Glen Haven	24D. LOCATION (City, town, or county) (State) Glen Burnie	

DATE RECEIVED BY LOCAL REGISTRAR OCT 31 1951	REGISTRAR'S SIGNATURE William H. ...	25. FUNERAL DIRECTOR L. ...	ADDRESS - 130 E. Fort Ave.
VS 151	55051	93D	✓

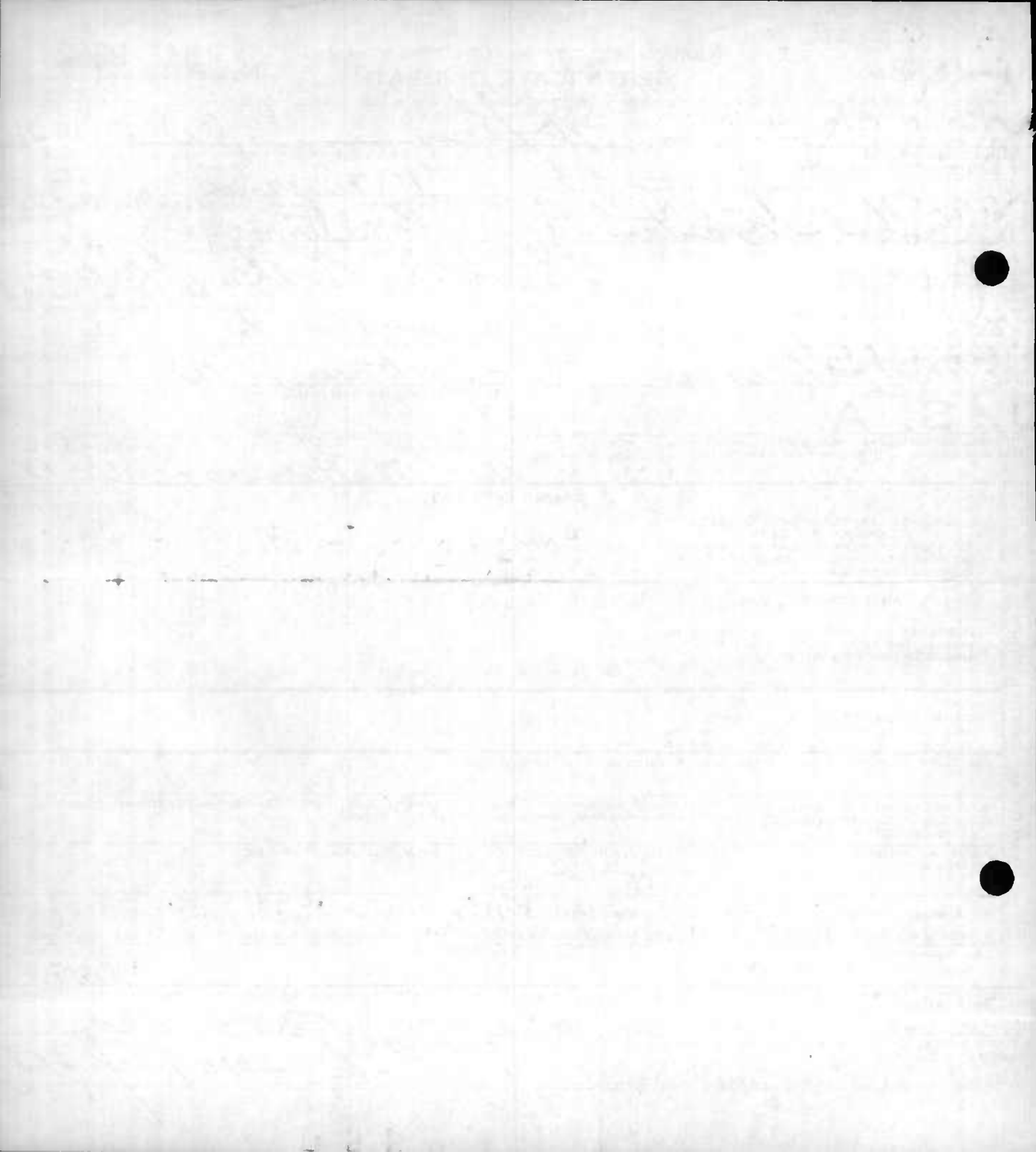




550  
51 9362BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9362

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>William N. Lannon</i>		2. DATE OF DEATH <i>Oct. 29-1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Good Samaritan -</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>2806 Northern Parkway</i>			
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>June 12-1868</i>	9. AGE (In years last birthday) <i>83</i>	10. UNDER 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Baltimore Co Md.</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>?</i>		14. MOTHER'S MAIDEN NAME <i>?</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT <i>Mrs. M. Harrison</i>		ADDRESS <i>2806 Northern Parkway</i>	
18. <i>151 X</i> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma of the stomach with extensive metastases</i> DUE TO INTERVAL BETWEEN ONSET AND DEATH <i>about 10 mos</i>					
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)					
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10/15/51</i> , 1951, to <i>10/25</i> , 1951, that I last saw the deceased alive on <i>10/25/51</i> , 1951, and that death occurred at <i>5:00 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>R. Weinberger</i>		23B. ADDRESS <i>812 Inwood Lane</i>		23C. DATE SIGNED <i>10/30/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>11-1-51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Baltimore</i>	
24D. LOCATION (City, town, or county) (State) <i>Balt Md</i>		24E. FUNERAL DIRECTOR <i>L. J. Luck</i>		24F. ADDRESS <i>5305 Bayford Rd.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 31 1951</i>		REGISTRAR'S SIGNATURE <i>William N. Lannon</i>		24G. ADDRESS	



635  
9363BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9363  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MARIA GIORDANO

2. DATE  
OF  
DEATH

10-31-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

(If not in hospital or institution, give street address or location)

St. Joseph's Hospital

C. Length of stay in Baltimore

38 yrs  
Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY13. FATHER'S NAME  
at home  
?15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

8. DATE OF BIRTH

3-30-77

9. AGE (In years  
last birthday)

74

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

?

17. INFORMANT

ADDRESS

Mrs. Salvatrice Lallo - 2303 Betsie

18. 420.1

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Myocardial Infarction

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Coronary Thrombosis (Anterior)

DUE TO

(C)

Arteriosclerotic Cardio Vascular Disease

Diabetes Mellitus

INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
21E. INJURY

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from 10-7-1951, to 10-31-1951 that I last saw the  
deceased alive on 10-31-1951, and that death occurred at 2:10 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 31 1951

New Cathedral Balto

L. J. Luck

5305 Bayford Rd



452  
51 9364BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9364  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

CATHERINE HELEN SELING

2. DATE  
OF  
DEATH 10-30-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

St. Joseph's Hospital

C. Length of stay in Baltimore

life

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR  
INDUSTRY

13. FATHER'S NAME

Christopher F. Seling

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

8. DATE OF BIRTH

Oct. 20-1881

9. AGE (In years-  
last birthday)

70

11 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Annice S. Kemmell

17. INFORMANT

ADDRESS

Mr. G. J. Seling - 1225 Chesaco

18. 422.1 I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Arteriosclerotic cardio vascular  
disease.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Pleural Effusion.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-30-1951, to 10-30-1951, that I last saw the  
deceased alive on 10-30-1951, and that death occurred at 8:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

B. B. Telesz

M. D.

23B. ADDRESS

1400 N. Caroline St. - 13

23C. DATE SIGNED

10-30-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town or county)

(State)

Burial  
DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

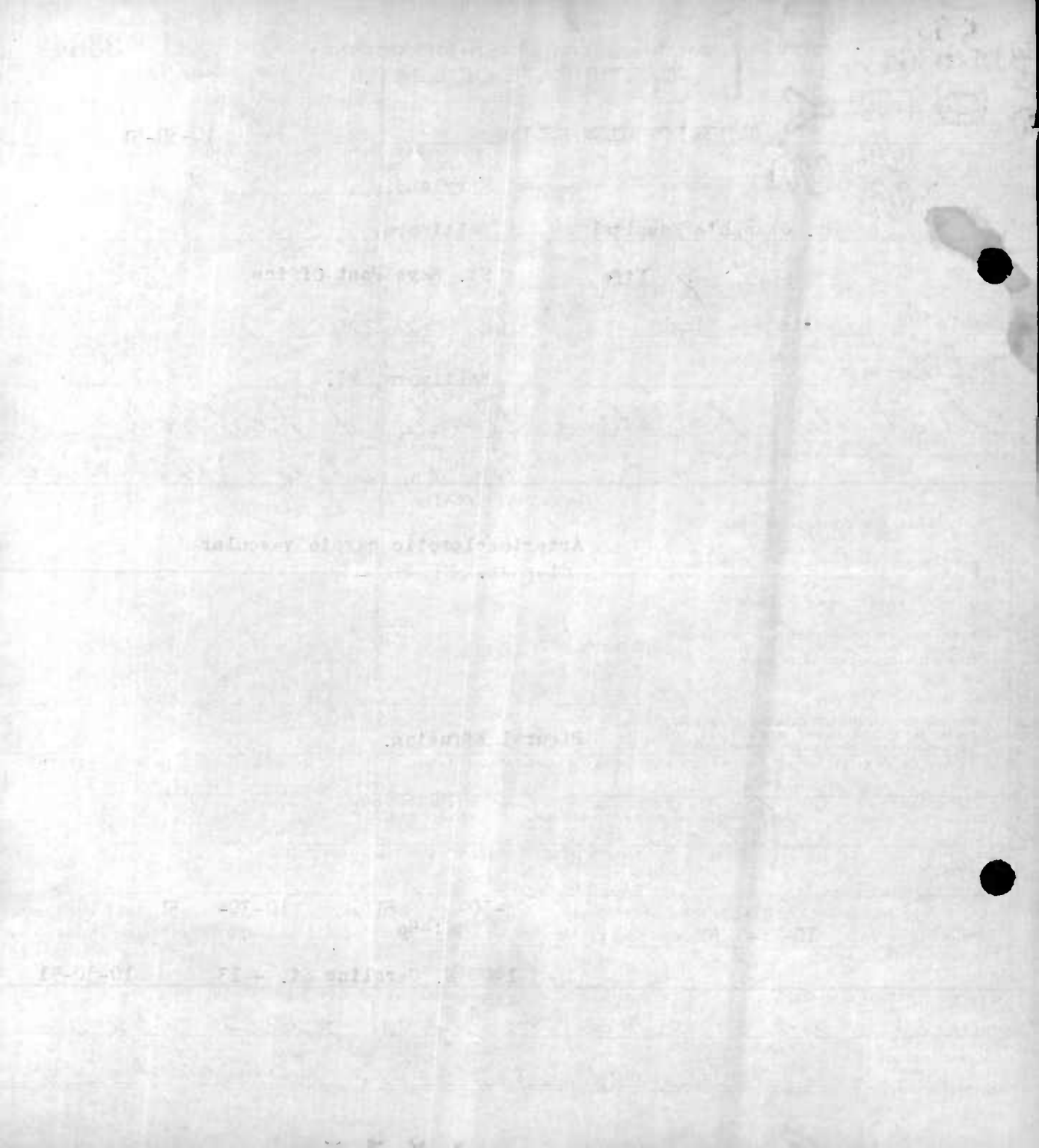
ADDRESS

OCT 31 1951

VS 150

J. J. Luck 5305 Harford Rd.

93D





621

1 9365

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9365  
Registered No.

1. NAME OF DECEASED (Type or Print) <i>John H. Wurzbacher</i>		2. DATE OF DEATH <i>Oct. 30, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Md</i> B. COUNTY <i>9-26</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
6. Length of stay in Baltimore Yrs. <i>1909</i> Mos. <i>6</i> Days <i>32nd St</i>		D. STREET ADDRESS (If rural, give location)	
7. SEX <i>male</i>	8. COLOR OR RACE <i>white</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	10. DATE OF BIRTH <i>12-14-97</i>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Baker</i>		12. AGE (In years last birthday) <i>53</i>	
13. FATHER'S NAME <i>Frank Wurzbacher</i>		14. BIRTHPLACE (State or foreign country) <i>Md</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>Yes, no or unknown</i>		16. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
17. SOCIAL SECURITY NO.		18. MOTHER'S MAIDEN NAME <i>Mary Houseman</i>	
19. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		20. ADDRESS	

18. <i>602 x I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>adynamic ileus</i>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Ant psycholittomy</i>		
(A) DUE TO		
(B) DUE TO <i>Renal calculi</i>		
(C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
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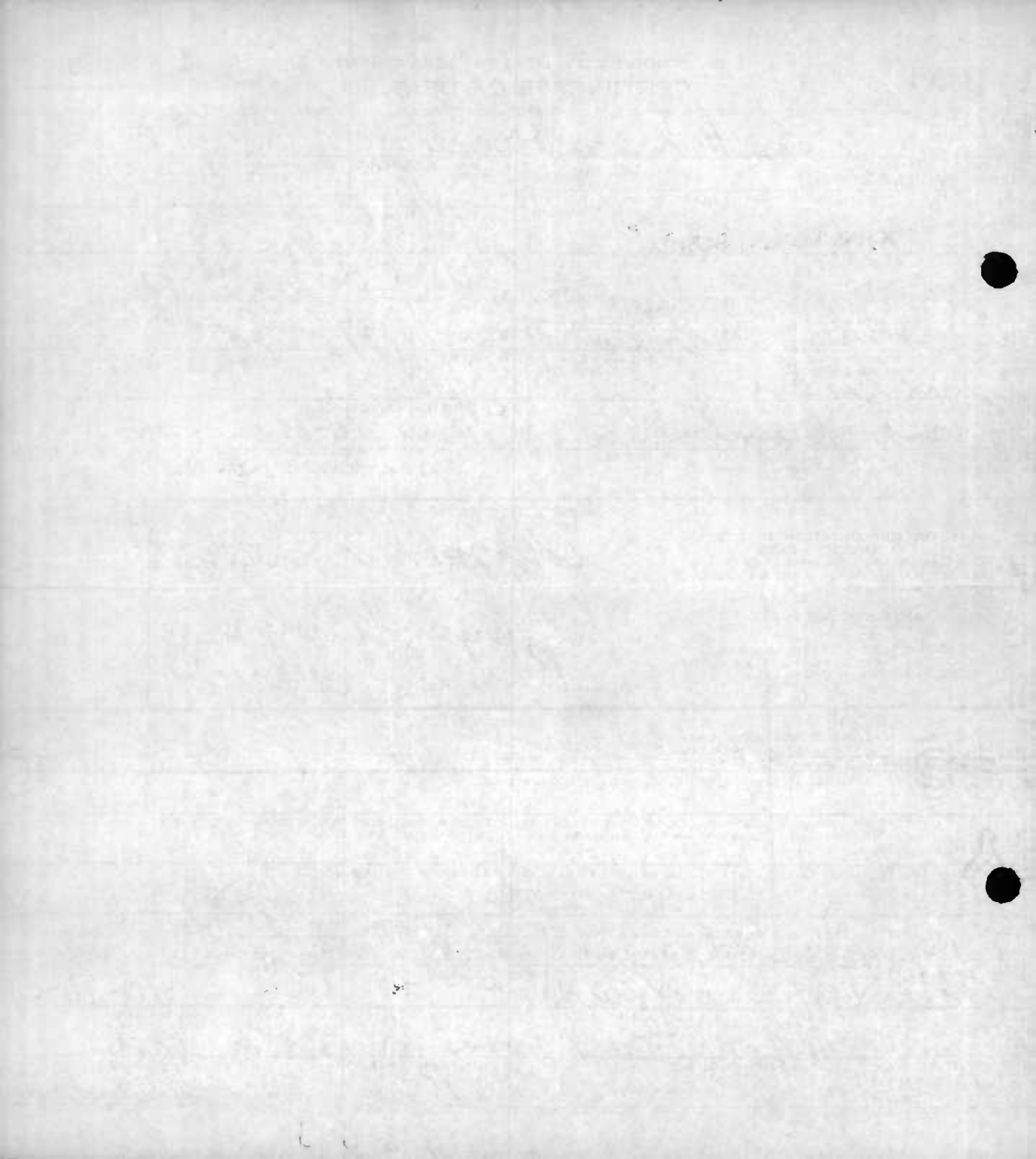
19A. DATE OF OPERATION <i>11/3/51</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *10/11/51*, to *10/30/51*, that I last saw the deceased alive on *10/30/51*, and that death occurred at *1:30* p. m., from the causes and on the date stated above.

23A. SIGNATURE <i>William J. Hopkins</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>10-30-51</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>11/3/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Parkwood</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore Md.</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>Oct 31 1951</i>	REGISTRAR'S SIGNATURE <i>Washington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>L. J. Luck</i>	ADDRESS <i>5305 Maryland Rd</i>
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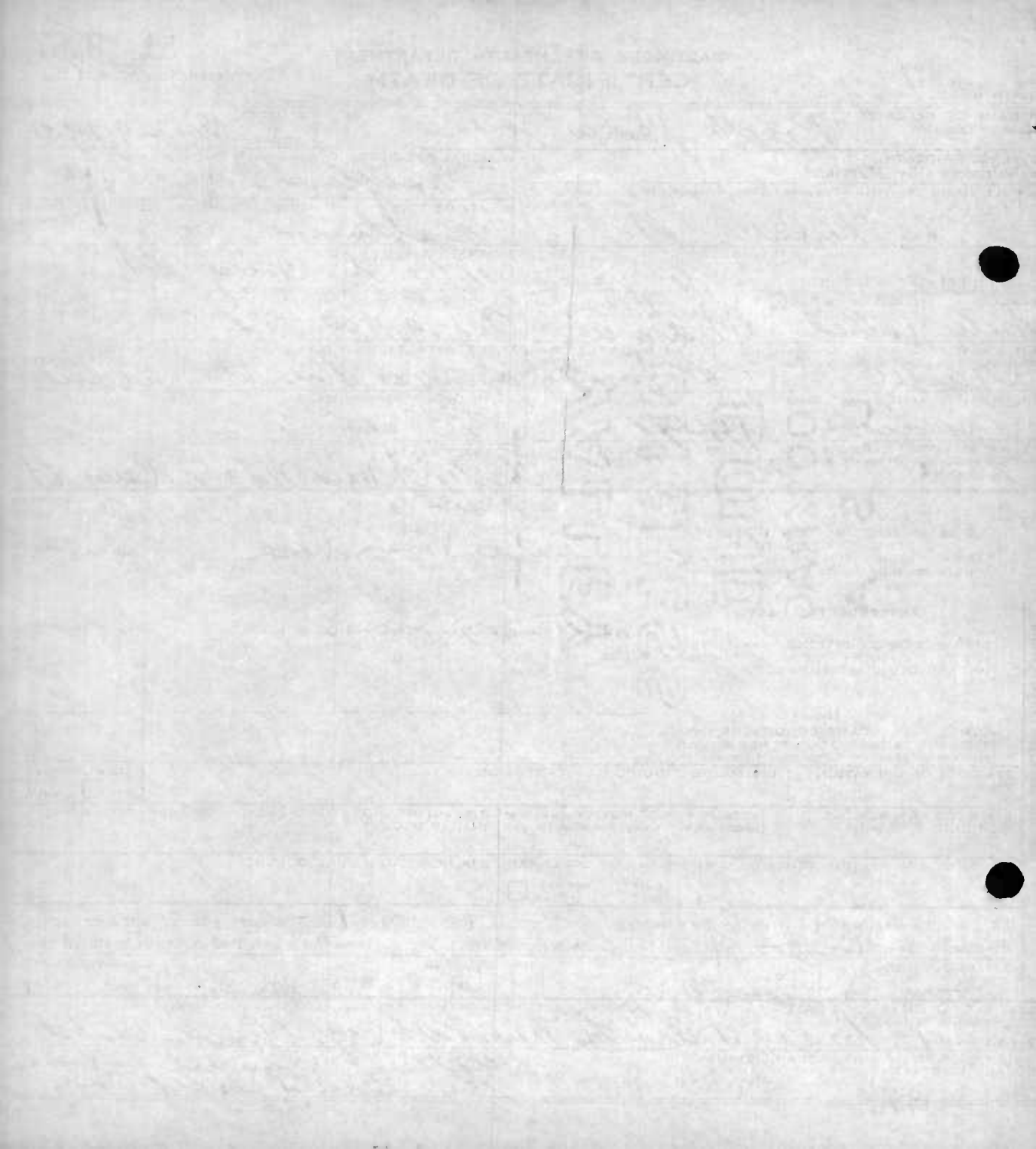
526  
51 9366BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9366  
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Anna Margant Heingerling</i>		2. DATE OF DEATH <i>Oct. 30-1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>2810 Parkview Terr.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and township) <i>Baltimore</i>	
D. STREET ADDRESS (If rural, give location) <i>2810 Parkview Terrace</i>		E. LENGTH OF stay in Baltimore Yrs. _____ Mos. _____ Days _____	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Nov. 3-1877</i>
9. AGE (In years last birthday) <i>73</i>		10. UNDER 1 Year Months: _____ Days: _____	11. UNDER 24 Hours Hours: _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>John N. Boesser</i>		14. MOTHER'S MAIDEN NAME <i>Anna M. Rudolph</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Miss Elizabeth Boesser</i>		ADDRESS <i>same</i>	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma of sigmoid colon</i> (A) DUE TO ANTECEDENT CAUSES (B) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Diverteritis of colon</i>			
19A. DATE OF OPERATION <i>Multiple 1950-1951</i>		19B. MAJOR FINDINGS OF OPERATION <i>As above</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Oct. 29, 1951</i> to <i>Oct. 30, 1951</i> , that I last saw the deceased alive on <i>Oct. 29, 1951</i> and that death occurred at <i>8:50 a. m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Henry Hager</i> M. D.		23B. ADDRESS <i>4218 Howard Rd</i>	
23C. DATE SIGNED <i>10-30-51</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE	
24C. NAME OF CEMETERY OR CREMATORY <i>Morland Park</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 31 1951</i>		REGISTRAR'S SIGNATURE <i>Wilmington Williams, M.D.</i>	
25. FUNERAL DIRECTOR <i>H. J. Ruck</i>		ADDRESS <i>5305 Harford Rd</i>	

Dr. Haase

520  
51 9367BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9367  
Registered No. 3698

1. NAME OF DECEASED (Type or Print) <i>Robert James Jones</i>		2. DATE OF DEATH <i>Oct. 29, 1951</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Maryland</i> b. COUNTY <i>Baltimore</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>1143 N. Carey St.</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
6. Length of stay in Baltimore <i>60 years</i>		d. STREET ADDRESS (If rural, give location) <i>1143 N. Carey St.</i>	
7. SEX <i>Male</i>	8. COLOR OR RACE <i>Colored</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widower</i>	10. DATE OF BIRTH <i>Aug. 19, 1869</i>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Marler</i>		12. AGE (In years last birthday) <i>82</i>	
13. FATHER'S NAME <i>Madison Jones</i>		14. BIRTHPLACE (State or foreign country) <i>Burgess Store, Va.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>No.</i>		16. CITIZEN OF WHAT COUNTRY? <i>USA.</i>	
17. SOCIAL SECURITY NO.		18. MOTHER'S MAIDEN NAME <i>Rose ?</i>	
19. INFORMANT <i>Charles H. Jones</i>		ADDRESS <i>1143 N. Carey St.</i>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>331X I Cerebral hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH <i>6 weeks</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>(B) Arterio sclerosis</i>		DUE TO <i>unknown</i>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>II</i>			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>9-17-1951</i> , to <i>10-29-1951</i> that I last saw the deceased alive on <i>10-28-1951</i> and that death occurred at <i>1P</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Frank A. Saunders</i>		23B. ADDRESS <i>1029 N. Stricker St.</i>	
23C. DATE SIGNED <i>10-30-51</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Nov. 2, 1951</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Arbutus Mem. Park</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore Co. Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 31 1951</i>		REGISTRAR'S SIGNATURE <i>Washington Williams, M.D.</i>	
25. FUNERAL DIRECTOR <i>Ballard Funeral Home</i>		ADDRESS <i>1631 Druid Hill Ave.</i>	





421  
9368BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9368  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

PHILLIP

BLACKBURN

2. DATE  
OF  
DEATH

October 29, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Baltimore City Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

Maryland

B. COUNTY

before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1211 Druid Hill Avenue

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Male Colored Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Presser

10B. KIND OF BUSINESS OR INDUSTRY

Tailor shop

13. FATHER'S NAME

Phillip Blackburn

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS 1224

Phillip J. Blackburn McCulloh St.

18. 002X I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary tuberculosis

## ANTECEDENT CAUSES

(B) Tuberculous peritonitis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER

23C. DATE SIGNED

ASSISTANT MEDICAL EXAMINER

Oct. 29, 1951

M.D.

MEDICAL INVESTIGATOR

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

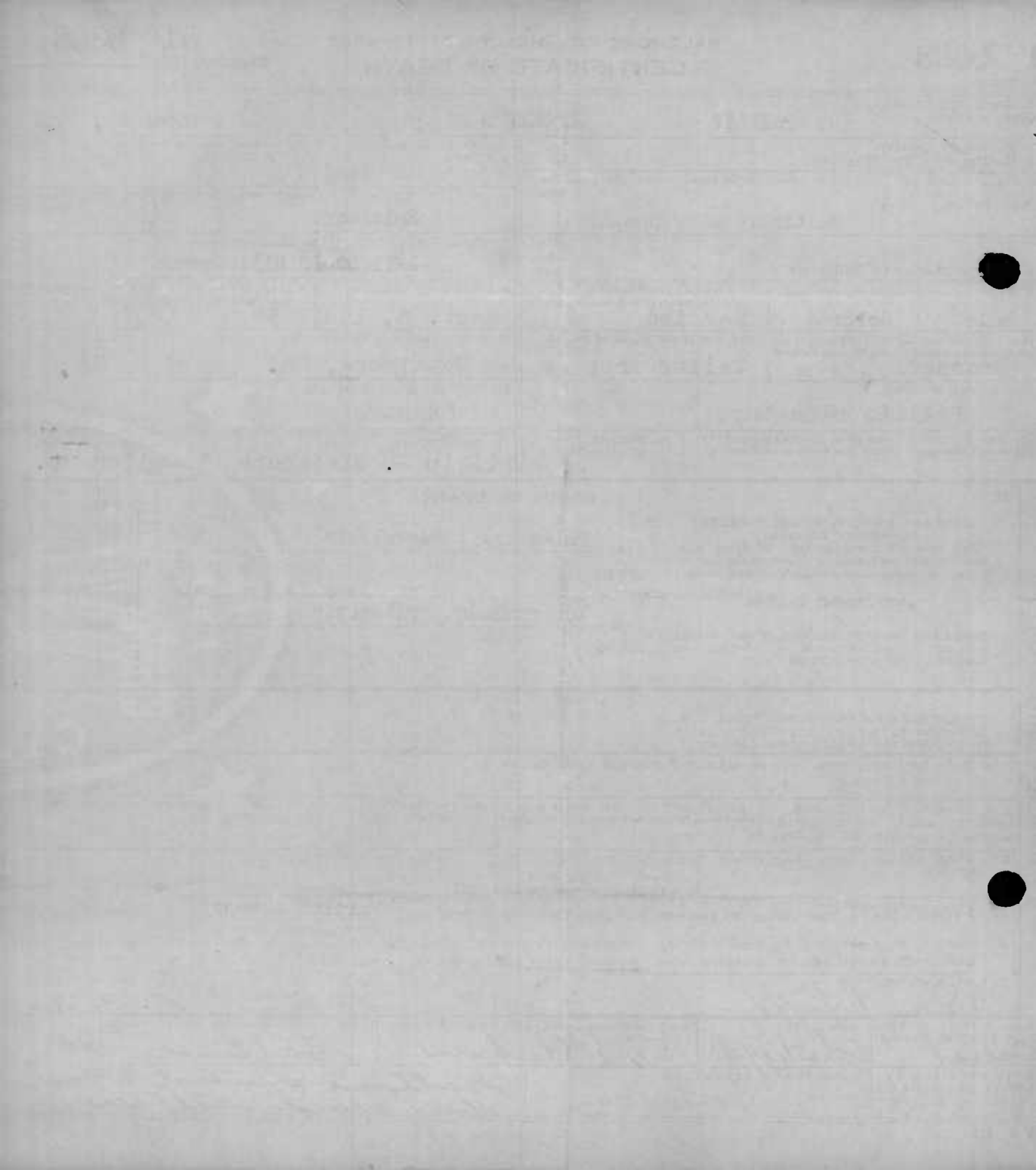
OCT 31 1951

VS 151

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1212





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1 9369

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 9369

Registered No.

1. NAME OF DECEASED (Type or Print)

Annie Menessee Lee

2. DATE OF DEATH

Oct. 29, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE Maryland

B. COUNTY

14-03

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1902 Madison Ave.

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Sept. 26, 1874

9. AGE (in years last birthday)

77

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Front Royal, Va.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Thomas Menessee

14. MOTHER'S MAIDEN NAME

Amanda Poles

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Miss Florence Menessee

ADDRESS

1902 Madison Ave.

18. E-902.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Fracture Left Femur (weak)

DUE TO

4 mos.

ANTECEDENT CAUSES

(B) Chronic Passive Congestion

DUE TO

1 mrs

(C) Myocardial Degeneration

1 mra

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

Accident

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

1902 Madison Avenue

21D. TIME (Month) (Day) (Year) (Hour) INJURY

June 4, 51 10:04

21E. INJURY OCCURRED WHILE AT WORK AT WORK

21F. HOW DID INJURY OCCUR?

Fall off 1 step

22. I hereby certify that I attended the deceased from June 4, 1951, to October 29, 1951, that I last saw the deceased alive on 10-29, 1951, and that death occurred at 9:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 3/1951

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

OCT 31 1951

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

1631 Druid Hill Ave.

VS 150

N-820.1

186a

CERTIFICATE OF DEATH

STATE OF NEW YORK

1901

100-1000

100-1000

100-1000

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51 9370

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9370

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MARY ALNES AKERS

2. DATE  
OF  
DEATH

OCT 30 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

MARY LAND.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

23 S HIGH LAND AVE.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

26-08

D. STREET ADDRESS (If rural, give location)

23 S HIGH LAND AVE.

C. Length of stay in Baltimore

LIFE

Yrs.  
Mos.  
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

SEPT 24 1886

9. AGE (In years  
last birthday)

65

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

HOUSE WORK

10B. KIND OF BUSINESS OR  
INDUSTRY

AT HOME.

11. BIRTHPLACE (State or foreign country)

BALTIMORE

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

PATRICK McDONOUGH.

14. MOTHER'S MAIDEN NAME

BARBARA. O'MALLEY.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL  
SECURITY NO.

213-01-12804

17. INFORMANT

ADDRESS

JAMES H. AKERS. 23 S HIGH LAND AVE.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) CORONARY OCCLUSION

DUE TO

6 WKS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) ARTERIOSCLEROSIS, GENERALIZED

DUE TO

5 YRS.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from NOV. 18, 1948, to OCT 30, 1951, that I last saw the deceased alive on OCT. 30, 1951, and that death occurred at 9:55 p.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

1218 HIGHLAND AVE.

23C. DATE SIGNED

10/31/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

NOV 3 1951

24C. NAME OF CEMETERY OR CREMATORY

HOLY REDEEMER CEM

24D. LOCATION (City, town, or county)

4430 BELAIR ROAD MD.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 31 1951

William H. Williams

Duffel Bldg. 1800 E LOMBARD ST.

6-2

COMPANY OF ENGINEERS

ENGINEER, 1st DISTRICT

1st DISTRICT  
1st DISTRICT  
1st DISTRICT

1st DISTRICT  
1st DISTRICT  
1st DISTRICT

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9371  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

PAUL

PADGETT

2. DATE  
OF  
DEATH October 31, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

228 Homewood Terrace

4. USUAL RESIDENCE (Where deceased lived, If institution: residence  
before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

228 Homewood Terrace

Length of stay in Baltimore

28

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

Physician

8. DATE OF BIRTH

March 5, 1905

9. AGE (In years  
last birthday)

46

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

TENN.

12. CITIZEN OF  
WHAT COUNTRY

13. FATHER'S NAME

Wm. Dexter Padgett

14. MOTHER'S MAIDEN NAME

Mellie Hartman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Dorcas H. Padgett 228 Homewood Terrace

18. E970.2 I CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) Barbiturate poisoning

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

228 Homewood Terrace

21D. TIME (Month) (Day) (Year) (Hour)  
of INJURY

Oct. 30, 1951

P.m.

21E. INJURY OCCURRED  
WHILE AT ☐ WORK  
NOT WHILE ☒ AT WORK

21F. HOW DID INJURY OCCUR?

Ingested overdose of barbiturate

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above  
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. B. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒  
ASSISTANT MEDICAL EXAMINER ☐  
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Oct. 31, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 2, 1951

24C. NAME OF CEMETERY OR CREMATORY

Lenora

24D. LOCATION (City, town, or county)

Lenora City, Tenn.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Lester Williams

25. FUNERAL DIRECTOR

ADDRESS

John O. Mitchell Sons 1900 Eutaw Pl.

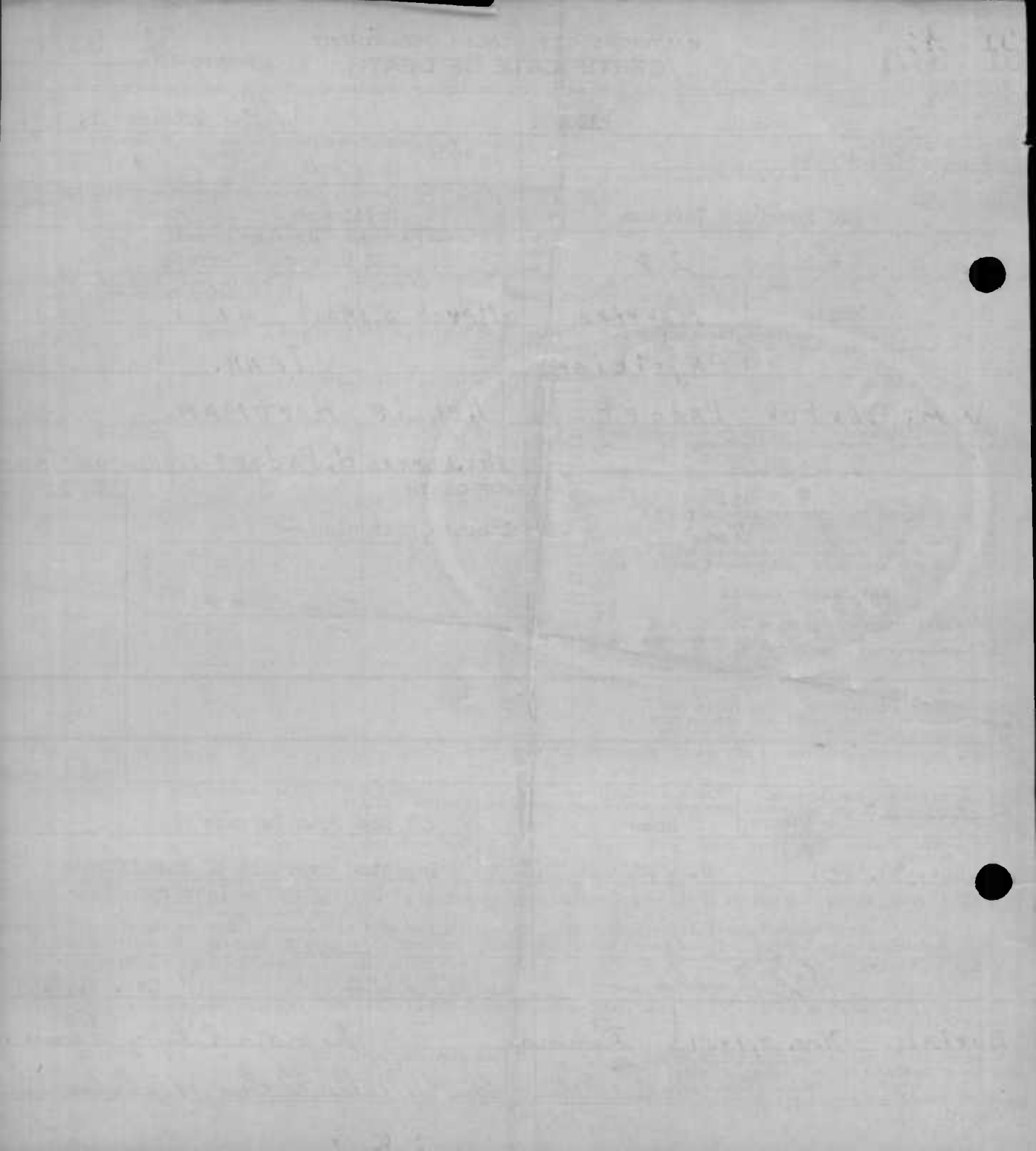
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MEDICAL CERTIFICATION





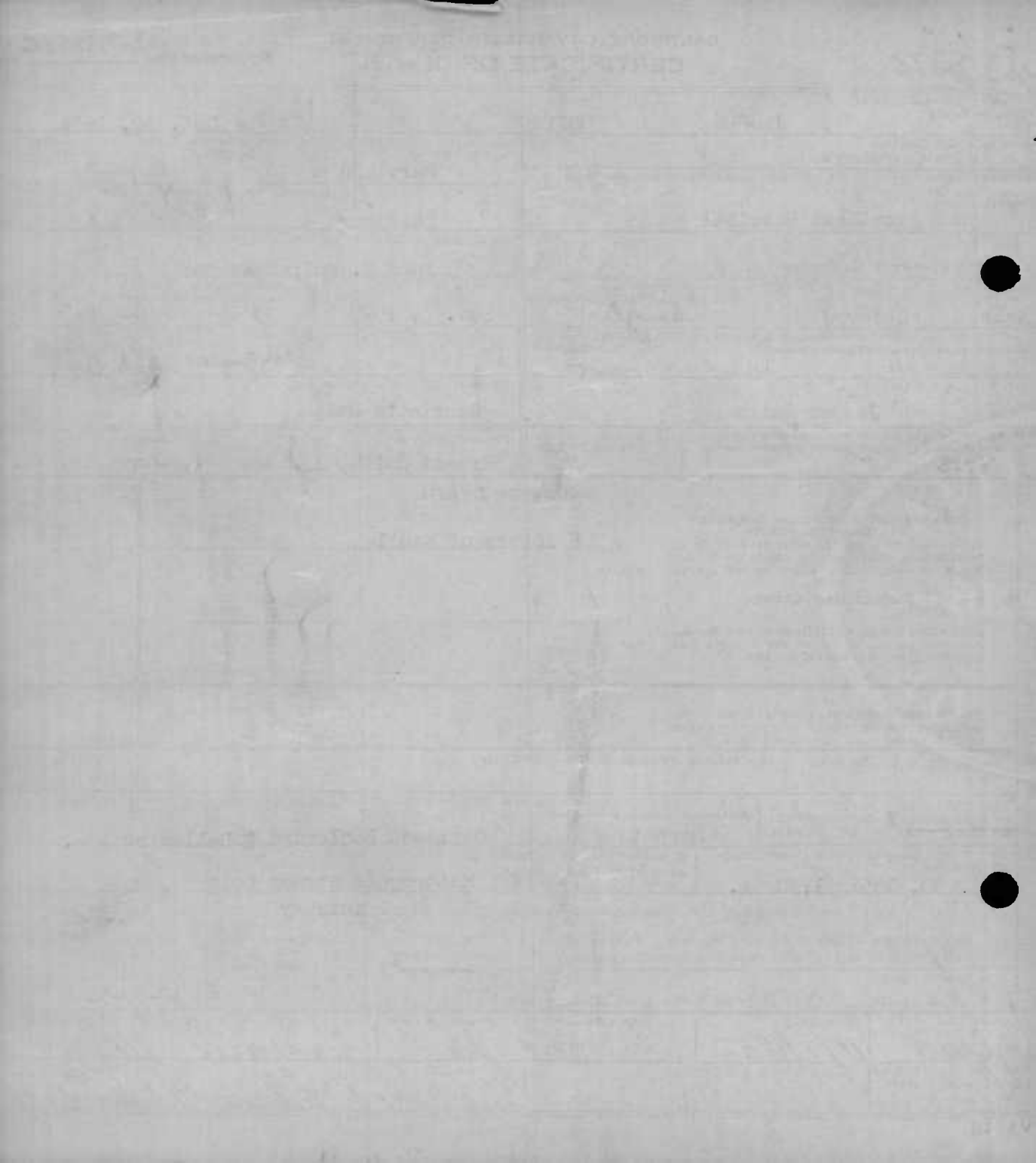
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51 9372  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9372  
Registered No.

1. NAME OF DECEASED (Type or Print)		JASPER SMITH		2. DATE OF DEATH Oct. 30, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Provident Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 1026 N. Fulton Avenue	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Nov. 4, 1927	9. AGE (In years last birthday) 23	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Water Front		11. BIRTHPLACE (State or foreign country) Virginia.	
13. FATHER'S NAME Jasper Smith		14. MOTHER'S MAIDEN NAME Henrietta Smith		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Ernest Smith, 152 New St., Danville, Va.	

18. <u>E814.4</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Fracture of skull DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
--	--	----------------------------------

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Street		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? Garrison Boulevard & Bellevue Ave. 1570	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Oct. 30, 1951 1:30 A. m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Motorcycle struck pole	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley H. Dunsen M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>		23C. DATE SIGNED 10-30-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Buried		24B. DATE 11/1/1951		24C. NAME OF CEMETERY OR CREMATORY Danville Va.	
24D. LOCATION (City, town, or county) Danville Va.		24E. FUNERAL DIRECTOR Mrs. Kate R. Williams		24F. ADDRESS 322	

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251  
51 9373  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9373

1. NAME OF DECEASED (Type or Print) <b>NUSINOV, BLUMA</b>			2. DATE OF DEATH <b>10/31/51</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>SINAI HOSPITAL</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE</b>		
C. Length of stay in Baltimore <b>37</b> Yrs. <input checked="" type="checkbox"/> Mos. <input checked="" type="checkbox"/> Days			D. STREET ADDRESS (If rural, give location) <b>2918 W. NORTH AVE</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>	8. DATE OF BIRTH		9. AGE (In years last birthday) <b>69</b> If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>RUSSIA</b>
13. FATHER'S NAME <b>Ephraim</b>			14. MOTHER'S MAIDEN NAME <b>Not known</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes, No or unknown			16. SOCIAL SECURITY NO.		17. INFORMANT <b>Robin Nusinov - Jane</b> ADDRESS
18. <b>155X</b> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Bile Peritonitis and Pneumonia</b> DUE TO (A) <b>Cerebrum of Ampulla of Vater</b> (B) <b>of Vater</b> (C) <b>of Vater</b> INTERVAL BETWEEN ONSET AND DEATH					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>10/16/51</b>		19B. MAJOR FINDINGS OF OPERATION <b>CA OF AMPULLA OF VATER BILE PERITONITIS</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>10/4</b> <sup>40</sup> <b>1951</b> , to <b>10/31</b> , <b>1951</b> , that I last saw the deceased alive on <b>10/31</b> , <b>1951</b> , and that death occurred at <b>8</b> A. M., from the causes and on the date stated above.					
23A. SIGNATURE <b>Erwin Witham</b> M. O.		23B. ADDRESS <b>Sinai Hospital</b>		23C. DATE SIGNED <b>10/31/51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>11-1-51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Beth T. Filsh</b>	
24D. LOCATION (City, town, or county) <b>Balto Md</b>		24E. FUNERAL DIRECTOR <b>Jack Lewis</b>		24F. ADDRESS <b>2100 Cutaw Rd</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>NOV 1 - 1951</b>		REGISTRAR'S SIGNATURE <b>Erwin Witham</b>		25. FUNERAL DIRECTOR <b>Jack Lewis</b> ADDRESS <b>2100 Cutaw Rd</b>	



456  
1 9374BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9374

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Joseph Culiner

2. DATE  
OF  
DEATH

10-31-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland 6420 Reisterstown Rd.

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

The Seton Institute

C. Length of stay in Baltimore

unknown

5. SEX

M

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

widower

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

unknown

10B. KIND OF BUSINESS OR  
INDUSTRY

unknown

13. FATHER'S NAME

Louis Culiner

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

The Seton Institute

18. 332X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Krenia

24h

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

General arteriosclerosis. heart ab. 1 year  
failure; hypertension.

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Psychosis, following cerebral embolus, 7 months

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10. 31. 1957, to 10. 31. 1957, that I last saw the  
deceased alive on 10. 31. 1957, and that death occurred at 9:15 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 1 - 1957

Walter R. Jakubowicz

3703 Clark Lane, Balto 15

10. 31. 1957

23

RECEIVED  
JAN 10 1964

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450  
51 9375BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9375  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

NATHAN BLUM

2. DATE  
OF  
DEATH

10/31/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Balti City*B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION*Israel Hospital*Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

65 years

5. SEX

*Male*

6. COLOR OR RACE

*White*7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)*Married*10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)*Salesman*10B. KIND OF BUSINESS OR  
INDUSTRY*Atlantic Furniture*

13. FATHER'S NAME

*Jacob Blum*15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.*212-026760*

14. MOTHER'S MARRIED NAME

*Raab*

17. INFORMANT

ADDRESS

*Bentha Spier Blum 3905 Edgewood Rd*

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) .....  
DUE TO*Carcinoma of Stomach  
with metastases*INTERVAL BETWEEN  
ONSET AND DEATH*4 mos*

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) .....  
DUE TO  
(C) .....OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Oct. 25, 1951* to *Oct 31, 1951*, that I last saw the  
deceased alive on *Oct 31, 1951* and that death occurred at *130 PM*, from the causes and on the date stated above.

23A. SIGNATURE

*Leon E. Karsd*

M. D.

23B. ADDRESS

*Israel Hospital*

23C. DATE SIGNED

*10/31/51*24A. BURIAL, CREMATION  
OR REMOVAL (Specify)

24B. DATE

*Nov 1, 1951*

24C. NAME OF CEMETERY OR CREMATORY

*Balti Hebrew Balmor Rd*

24D. LOCATION (City, town, or county)

*Md*

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

*James R. Madsen*

25. FUNERAL DIRECTOR

*James R. Madsen*

ADDRESS

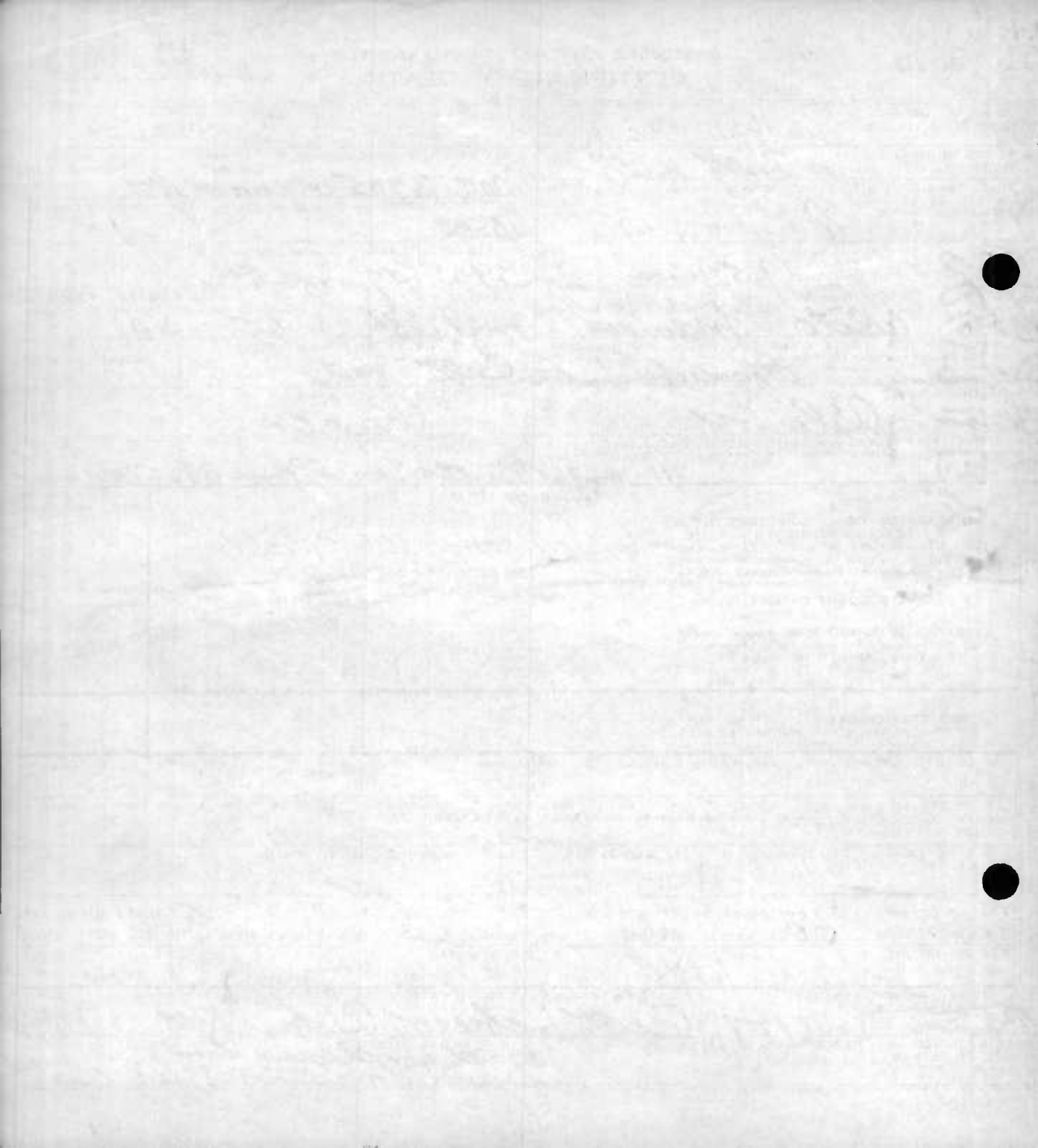
*1902 E. ...*

NOV 1 - 1951

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4612





2600  
51 9376

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9376

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>MOORE, William</b>			2. DATE OF DEATH <b>10/31/51</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>YES</b>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>MD.</b> B. COUNTY <b>—</b>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>2649 Ridgely St</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 3025</b>		
C. Length of stay in Baltimore <b>40</b>			D. STREET ADDRESS (If rural, give location) <b>2649 RIDGELY St.</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>NEGRO</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>5/12/78</b>	9. AGE (In years last birthday) <b>73</b>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>BLDG.</b>		
11. BIRTHPLACE (State or foreign country) <b>VA.</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		
13. FATHER'S NAME <b>ELIJAH MOORE</b>			14. MOTHER'S MAIDEN NAME <b>KENEE WHITE</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>NO</b>			16. SOCIAL SECURITY NO. <b>—</b>		
17. INFORMANT <b>William Moore</b>			ADDRESS <b>(ABOVE)</b>		

18. <b>592x</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>UREMIA</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 DAYS</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>CHR. NEPHRITIS</b>		<b>3-4 YRS</b>
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION <b>—</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>—</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>—</b>	
21D. TIME (Month) (Day) (Year) (Hour) INJURY <b>—</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>—</b>	
22. I hereby certify that I attended the deceased from <b>10/26</b> , 19 <b>51</b> , to <b>10/31</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>10/28</b> , 19 <b>51</b> , and that death occurred at <b>9 A.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Joseph L. Williams II</b>		23B. ADDRESS <b>1113 N. CAROLINE St.</b>		23C. DATE SIGNED <b>10/31/51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Nov. 3, 1951</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Robertus Mem. Park Robertus, Md.</b>	
24D. LOCATION (City, town, or county) <b>Baltimore, Md.</b>		24E. FUNERAL DIRECTOR <b>Joseph L. Russ</b>		24F. ADDRESS <b>1200 Mc Cullough St Baltimore, Md</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>NOV 1 - 1951</b>					
REGISTRAR'S SIGNATURE <b>Joseph L. Williams</b>					

97024

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1000 A  
1950

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 9377  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>Harriet Olia Reedy</b>		2. DATE OF DEATH <b>10-31-51</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>BALTIMORE</b> B. COUNTY <b>md.</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Union Memorial Hosp.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <b>BALTIMORE 12-01</b>	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <b>3538 Greenmount Ave.</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>10-15-1886</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>clerical work</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>S. S. Board</b>	9. AGE (In years last birthday) <b>65</b>
13. FATHER'S NAME <b>Baker Perry Boyce</b>		11. BIRTHPLACE (State or foreign country) <b>No. Carolina</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) <b>No</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
16. SOCIAL SECURITY NO. <b>no</b>		14. MOTHER'S MAIDEN NAME <b>Harnick Forehand</b>	
17. INFORMANT <b>DECEASED</b>		ADDRESS	

18. <b>430.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <b>Myocardial infarction</b> DUE TO <b>arteriosclerotic cardio-vascular disease</b> (B) <b>myocardial infarction</b> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH
--	---	----------------------------------

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			

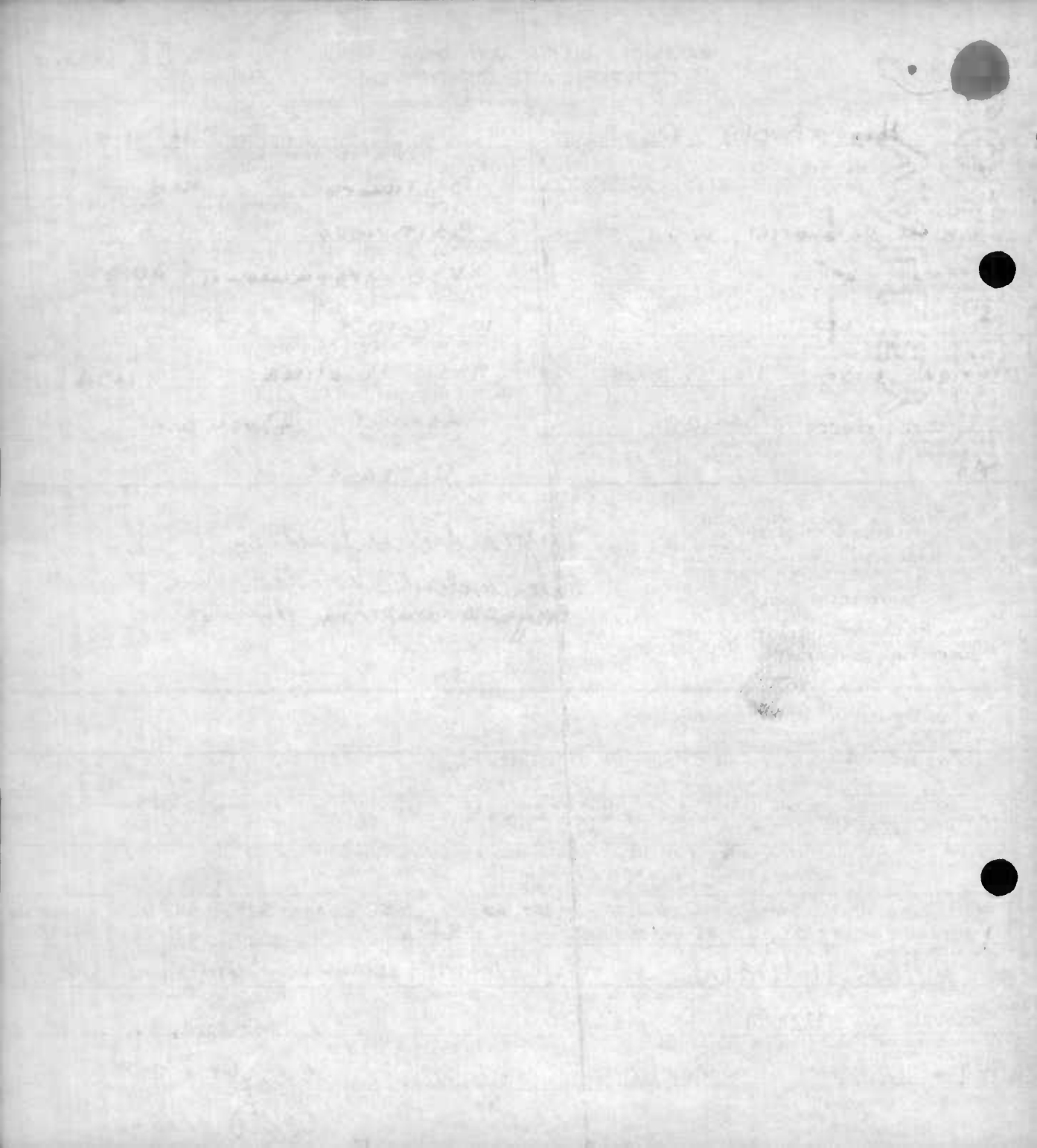
22. I hereby certify that I attended the deceased from **10-30** 19**51**, to **10-31**, 19**51**, that I last saw the deceased alive on **10-31**, 19**51**, and that death occurred at **2:15** Am., from the causes and on the date stated above.

23A. SIGNATURE <b>William G. Anderson</b>	M. O. <b>Union Memorial Hosp.</b>	23B. ADDRESS <b>10-31-51</b>	23C. DATE SIGNED
--	--------------------------------------	---------------------------------	------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24B. DATE <b>11/2/51</b>	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State) <b>Hertford, N. C.</b>
---	-----------------------------	------------------------------------	---

DATE RECEIVED BY LOCAL REGISTRAR <b>NOV 1 - 1951</b>	REGISTRAR'S SIGNATURE <b>William G. Anderson</b>	25. FUNERAL DIRECTOR <b>Wm. J. Vickner &amp; Sons</b>	ADDRESS <b>Balto Md 937</b>
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39055



430

51 9378

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 9378

Registered No.

1. NAME OF DECEASED  
(Type or Print)

ELIZABETH ALT

2. DATE OF DEATH

Oct. 31-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

1234 RIVERSIDE AVE

B. FULL NAME OF HOSPITAL OR INSTITUTION

C. Length of stay in Baltimore

Yrs. Mos. Days

5. SEX

FEM

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOW

8. DATE OF BIRTH

APRIL-21 1863

9. AGE (In years last birthday)

88

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

GERMANY

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

FREDERICK BECK

14. MOTHER'S MAIDEN NAME

NOT KNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

MRS BARBARA COLBURN

1234 RIVERSIDE

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

422.1 I

CAUSE OF DEATH

(A) Myocardial insufficiency

DUE TO

(B) Atherosclerosis

DUE TO

(C) Myocarditis

INTERVAL BETWEEN ONSET AND DEATH

12

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1951, to Oct 31, 1951, that I last saw the deceased alive on Oct 31, 1951, and that death occurred at 4:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

John G. Scheurich

M. D.

23B. ADDRESS

1337 S. Charles St.

23C. DATE SIGNED

10/31/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

NOV 3-51

24C. NAME OF CEMETERY OR CREMATORY

HOLY CROSS CEM

24D. LOCATION (City, town, or county) (State)

A A Co

DATE RECEIVED BY LOCAL REGISTRAR

NOV 1 - 1951

REGISTRAR'S SIGNATURE

Frederick Williams

25. FUNERAL DIRECTOR

Bernard E. Harle

121 E. West St

VS 150

937

MEDICAL CERTIFICATION



VALLEY  
COMPANIES

AND

1905

1906

1907

1908



Gallagher		BALTIMORE CITY HEALTH DEPARTMENT		X Registered No. <u>51 9379</u>	
426 51 9379		CERTIFICATE OF DEATH			
BIRTH NO. <u>Non Res.</u>					
1. NAME OF DECEASED (Type or Print) <u>David Gallagher</u>		2. DATE OF DEATH <u>October 31, 1951</u>			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Mich.</u> B. COUNTY <u>V-19</u>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Dearborn</u>			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <u>8100 Riverview Ave.</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>4-7-50</u>	9. AGE (In years last birthday) <u>1</u>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
13. FATHER'S NAME <u>Daniel Gallagher</u>		14. MOTHER'S MAIDEN NAME <u>Leanna Love</u>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <u>JOHNS HOPKINS HOSPITAL</u>	
18. <u>754.4</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) <u>Cerebro-vascular accident</u>		<u>24 hrs</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <u>Longital heart disease</u>		<u>Since birth</u>	
		(C) <u>(Tricuspid Stenosis)</u>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <u>10/30/51</u>		19B. MAJOR FINDINGS OF OPERATION <u>Tricuspid Stenosis</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>10-15</u> , 19 <u>51</u> , to <u>10-31</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10-31</u> , 19 <u>51</u> , and that death occurred at <u>4:35 p.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>James R. Sebastian</u>		23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>		23C. DATE SIGNED <u>10/31/51</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24B. DATE <u>11/1/51</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Detroit</u>	
24D. LOCATION (City, town, or county) (State) <u>Detroit, Michigan</u>		25. FUNERAL DIRECTOR ADDRESS <u>Wm. Cook, Inc., 1217 1/2 Paul Street</u>			
DATE RECEIVED BY LOCAL REGISTRAR <u>NOV 1 - 1951</u>		REGISTRAR'S SIGNATURE <u>William H. Williams</u>			

1000

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1000

620  
51 9380BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9380

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>WILLIAM S. SAUERS</b>		2. DATE OF DEATH <b>October 30, 1951</b>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <b>Maryland</b> b. COUNTY _____	
b. FULL NAME OF (If not in hospital or institution, give street address or location) <b>University Hospital</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
5. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		d. STREET ADDRESS (If rural, give location) <b>664 W. Fayette Street</b>	
6. COLOR OR RACE <b>Male White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 7, 1905</b>	9. AGE (in years last birthday) <b>45</b> If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min: _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Stevadore</b>		11. BIRTHPLACE (State or foreign country) <b>Baltimore, Maryland</b>	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>William Sauers</b>		14. MOTHER'S MAIDEN NAME <b>Barbara Kroll</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Katherine Sauers, 664 W. Fayette Street</b>	

18. <b>411X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Rheumatic aortitis</b> (A) <b>YBOMX</b> ANTECEDENT CAUSES <b>Cor bovinum</b> (B) _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) _____ 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH
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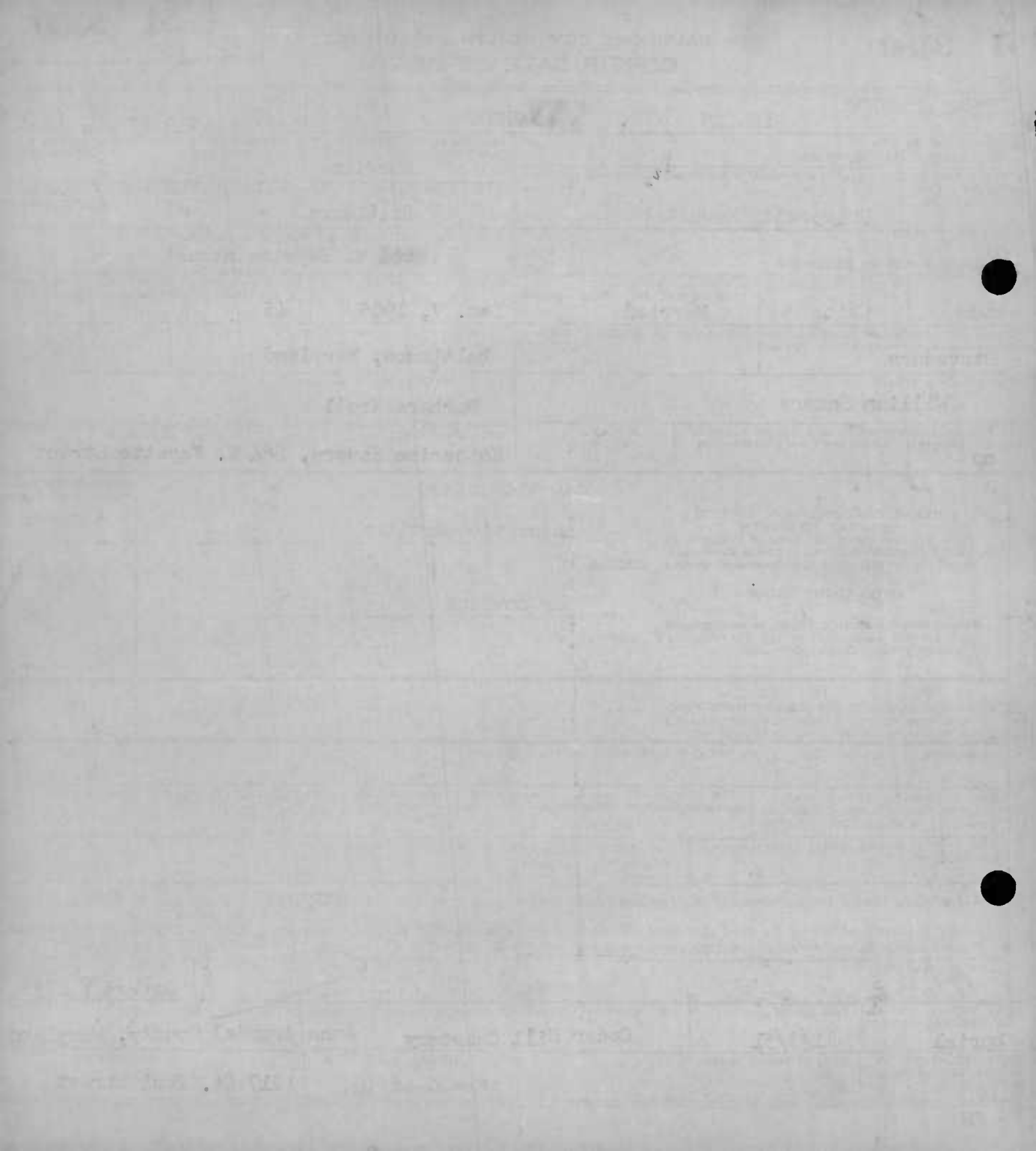
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE <i>William W. Cook, Jr.</i>	23b. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>	23c. DATE SIGNED <b>Oct. 31, 1951</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>11/3/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Cedar Hill Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Anne Arundel County, Maryland</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>NOV 1 - 1951</b>	REGISTRAR'S SIGNATURE <i>William W. Cook, Jr.</i>	25. FUNERAL DIRECTOR <b>Wm. Cook, Jr.,</b>	ADDRESS <b>1217 St. Paul Street</b>

940 55

95c



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

51 9381

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

WALTER G. RICKER

2. DATE  
OF  
DEATH

October 30, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Union Memorial Hospital

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

1810 St. Paul Street

Length of stay in Baltimore

SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Jan. 30, 1883

9. AGE (In years  
last birthday)

68

If Under 1 Year  
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Sta. Engineer

10B. KIND OF BUSINESS OR  
INDUSTRY

Simpson Doeller Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF  
WHAT COUNTRY

13. FATHER'S NAME

Charles Ricker

14. MOTHER'S MAIDEN NAME

Agnes Galloway

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.  
212-09-5508

17. INFORMANT

ADDRESS

Dorothy Jewens, 3505 Greenmount Avenue

18. 422-1

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐  
ASSISTANT MEDICAL EXAMINER ☒  
M.D. MEDICAL INVESTIGATOR ☐23C. DATE SIGNED  
Oct. 31, 195124A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

burial

24B. DATE

11/2/51

24C. NAME OF CEMETERY OR CREMATORY

Prospect Hill Cemetery

24D. LOCATION (City, town, or county) (State)

Towson,

Maryland

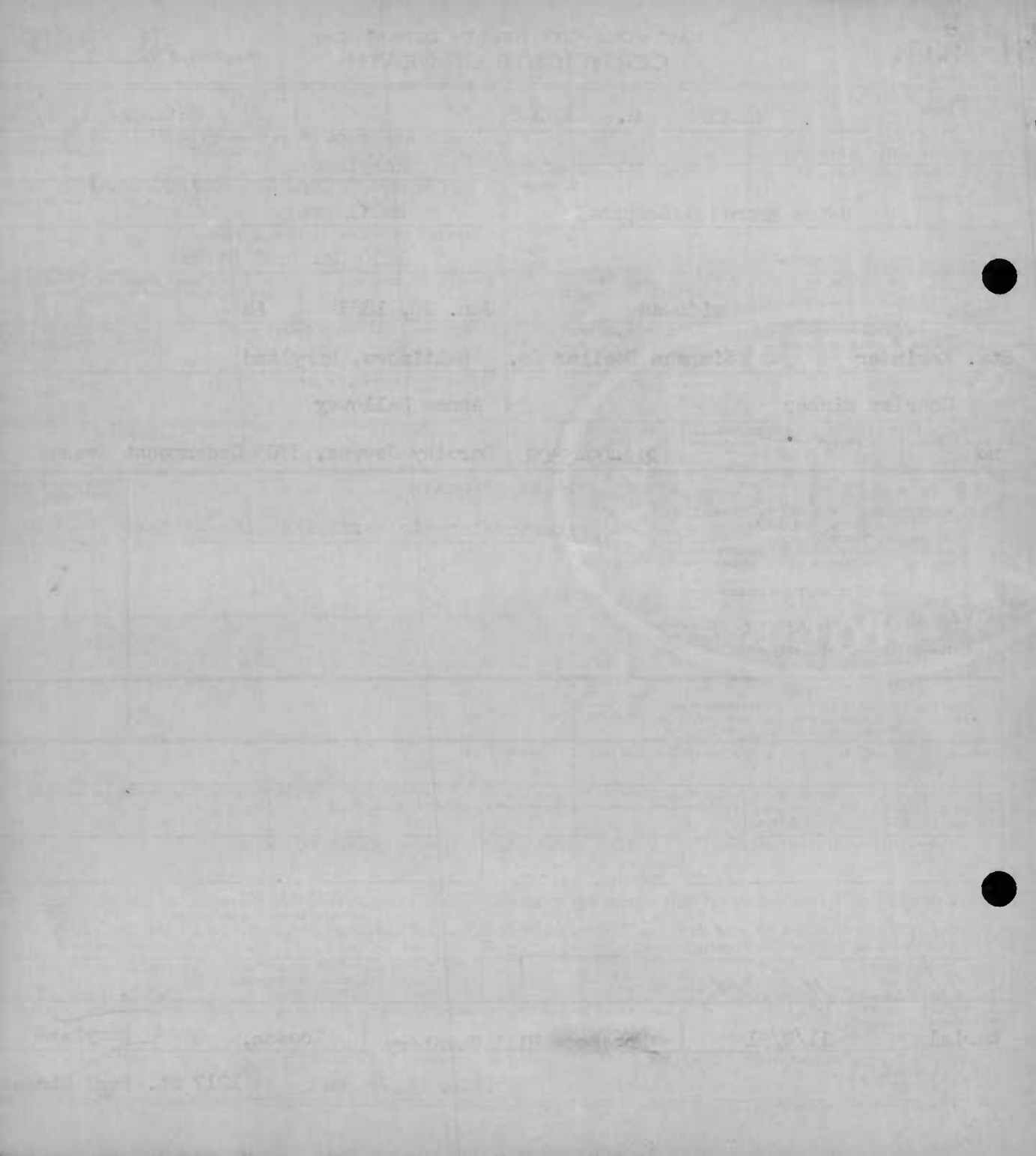
DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc., 1217 St. Paul Street



9382

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9382

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Anna Marie Noratel

2. DATE  
OF DEATH  
October 30, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION  
2823 Georgetown Road

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE  
Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)

2823 Georgetown Road

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
widowed

8. DATE OF BIRTH

Nov. 27, 1884

9. AGE (In years last birthday)

66

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ret. Seamstress

10B. KIND OF BUSINESS OR INDUSTRY

Clothing Co.

11. BIRTHPLACE (State or foreign country)

Europe

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Jerousek

14. MOTHER'S MAIDEN NAME

--

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

215-05-1317

17. INFORMANT

ADDRESS

Raymond Noratel, 2823 Georgetown Road

18. 443X I

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Cerebral hemorrhage  
DUE TOINTERVAL BETWEEN  
ONSET AND DEATH

12 hours

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Hypertension heart disease  
DUE TO

Many yrs.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Ht. emphysema from Cerebral hemorrhage 3 mos.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23A. SIGNATURE

Lewis P. Gundry

M. D.

23B. ADDRESS

1014 St Paul St

23C. DATE SIGNED

10/30/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

11/2/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

NOV 1 - 1951

25. FUNERAL DIRECTOR

ADDRESS

Arm. Cook, Inc.,

1217 St. Paul Street



3383

DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

October 31, 1921

John W. Jones

Male

White

Age 35

Married

Occupation

Residence

John W. Jones

Death occurred at home

Signature of Physician

Signature of Registrar

Signature of Coroner

Signature of Medical Examiner

Signature of Health Officer

Signature of

Signature of

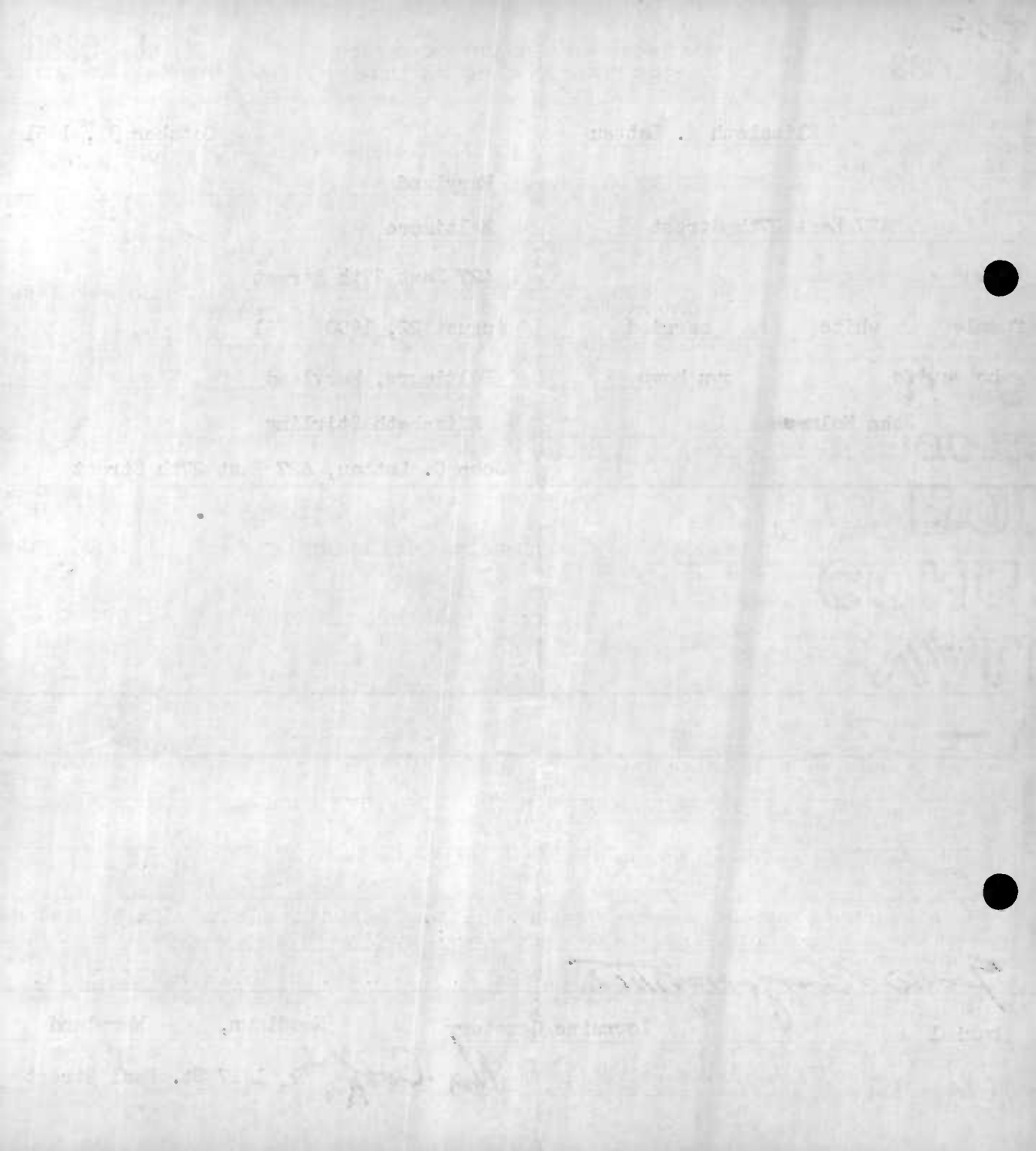
Signature of

Signature of

Signature of

Signature of

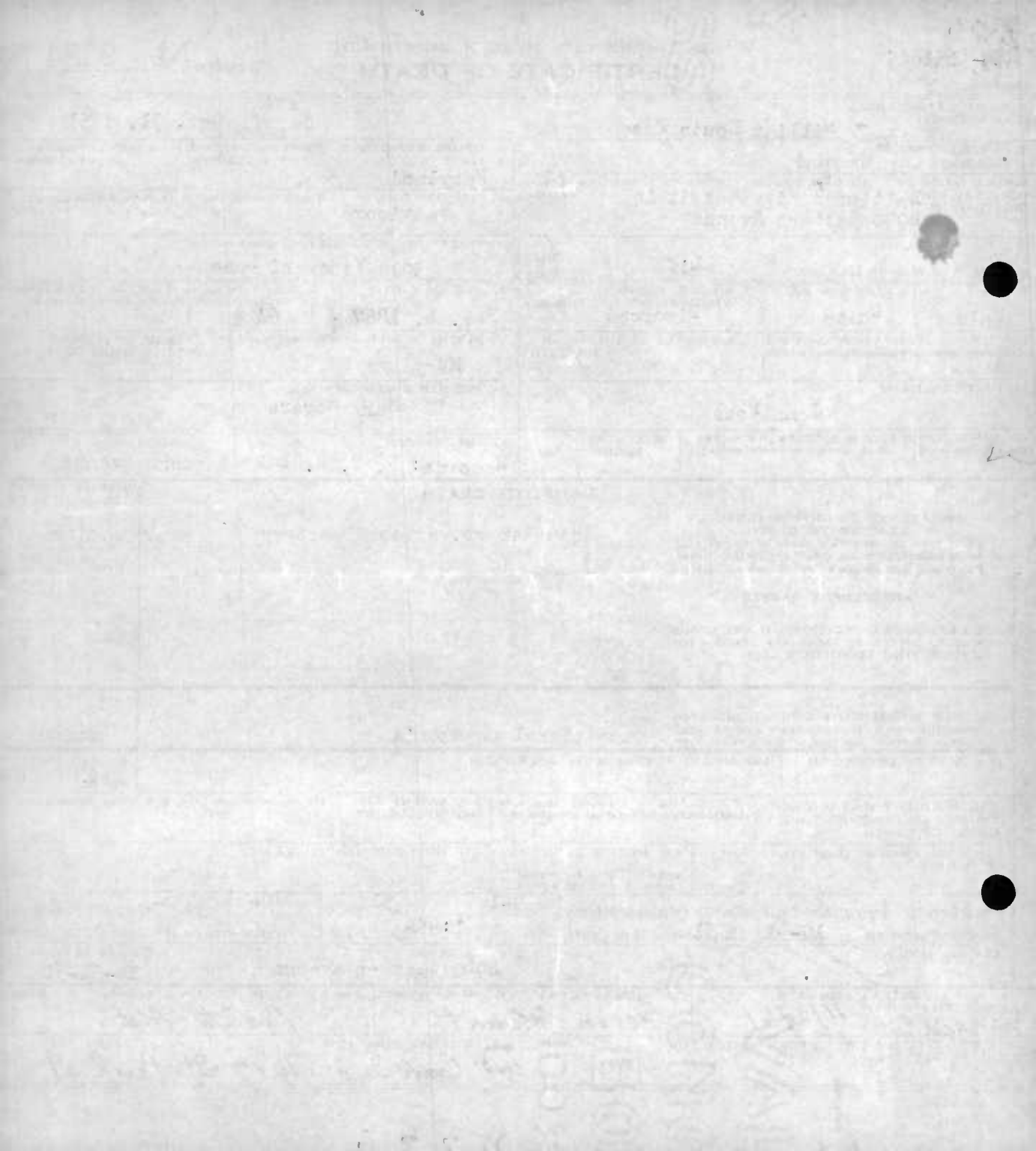
51 9383 Registered No.		BALTIMORE CITY HEALTH DEPARTMENT <b>CERTIFICATE OF DEATH</b>	
1. NAME OF DECEASED (Type or Print) <b>Elizabeth A. Lettau</b>		2. DATE OF DEATH <b>October 31, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>427 East 27th Street</b>		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>12-03</b> C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> D. STREET ADDRESS (If rural, give location) <b>427 East 27th Street</b>	
5. SEX <b>female</b> 6. COLOR OR RACE <b>white</b> 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>August 22, 1900</b> 9. AGE (in years last birthday) <b>51</b> If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b> 10B. KIND OF BUSINESS OR INDUSTRY <b>own home</b>		11. BIRTHPLACE (State or foreign country) <b>Baltimore, Maryland</b> 12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>John Holmes</b>		14. MOTHER'S MAIDEN NAME <b>Elizabeth Stirling</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>John C. Lettau, 427 East 27th Street</b>		ADDRESS	
18. <b>I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <b>Coronary Occlusion</b> DUE TO ANTECEDENT CAUSES (B) <b>Arteriosclerosis and Hypertension</b> DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH <b>immediate</b> <b>about 2 y</b>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan. 31st, 1950 to Oct. 31st, 1951 that I last saw the deceased alive on Oct. 29, 1951 and that death occurred at 4:30 A. M. from the causes and on the date stated above.			
23A. SIGNATURE <b>Geo. W. Mergatroy</b>		23B. ADDRESS <b>401 E. 25th St. Balto. 18, Md</b>	
23C. DATE SIGNED <b>11/1/51</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24B. DATE	
24C. NAME OF CEMETERY OR CREMATORY <b>Lorraine Cemetery</b>		24D. LOCATION (City, town, or county) (State) <b>Woodlawn, Maryland</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>NOV 1 - 1951</b>		REGISTRAR'S SIGNATURE <b>William Williams</b>	
25. FUNERAL DIRECTOR <b>Wm. Cook, Inc.</b>		ADDRESS <b>1217 St. Paul Street</b>	



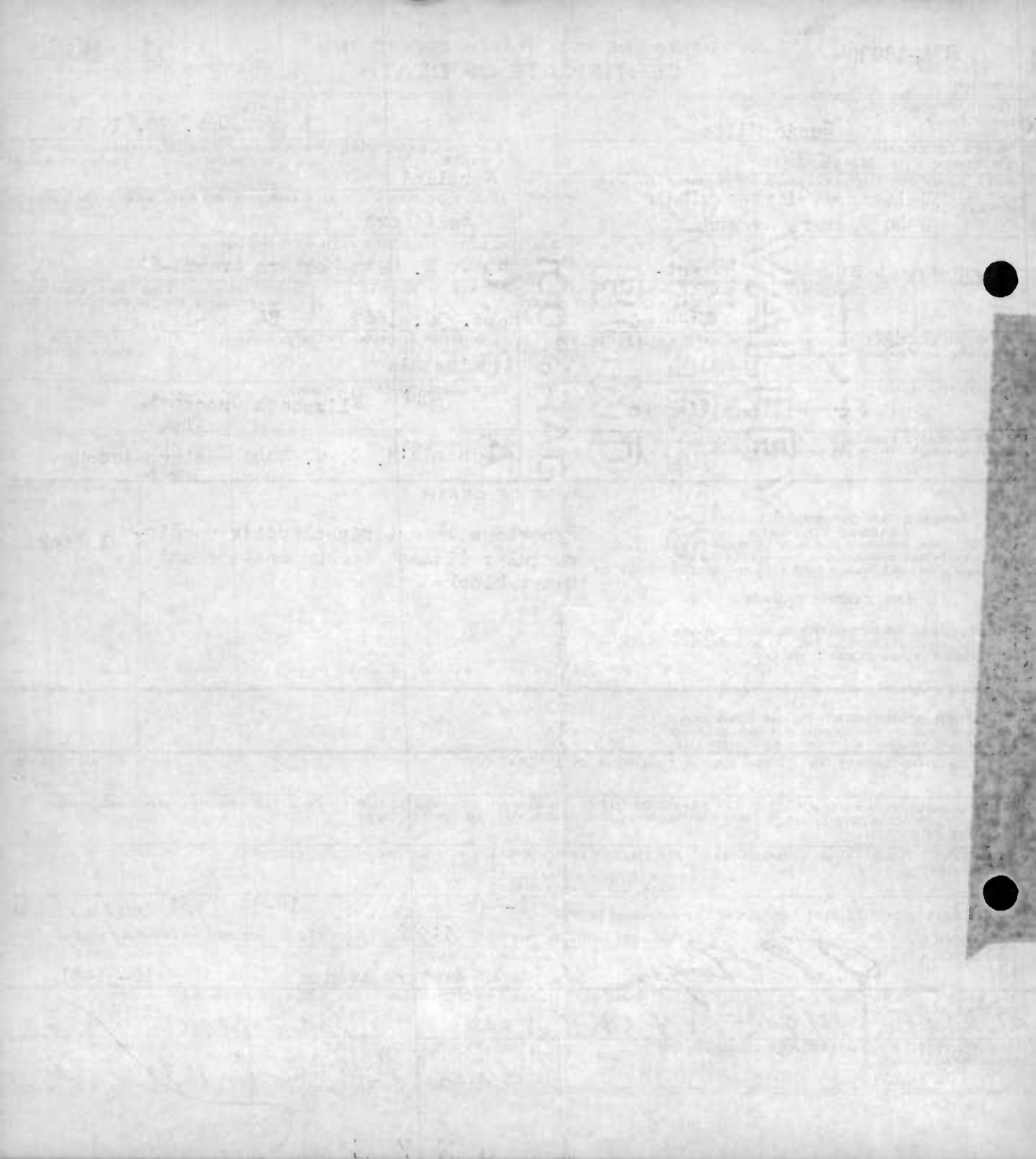
**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. 51 9384

1. NAME OF DECEASED (Type or Print) <b>William Louis Foss</b>		2. DATE OF DEATH <b>Oct. 31, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Baltimore City Hospitals</b> <b>4940 Eastern Avenue</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
C. Length of stay in Baltimore <b>Life</b> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>3014 Vineyard Lane</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>Feb. 4, 1887</b>
		9. AGE (In years last birthday) <b>64</b>	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SUPT.</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>APARTMENT</b>	
13. FATHER'S NAME <b>John Foss</b>		14. MOTHER'S MAIDEN NAME <b>Mary Rogers</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
		17. INFORMANT ADDRESS <b>Records: B. C. H. 4940 Eastern Avenue</b>	
18. <b>452X</b> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Aneurysm rt. vertebral artery</b> (A) DUE TO ANTECEDENT CAUSES (B) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Bilateral pneumonia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>unknown</b>        <b>Unknown</b>
19A. DATE OF OPERATION <b>11/2/51</b>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>9-1</b> 19 <b>51</b> , to <b>10-31</b> 19 <b>51</b> , that I last saw the deceased alive on <b>10-31</b> , 19 <b>51</b> , and that death occurred at <b>1:45A</b> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>[Signature]</i> M. D.		23B. ADDRESS <b>4940 Eastern Avenue</b>	
		23C. DATE SIGNED <b>10-31-51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>11/2/51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Green Mount</b>	24D. LOCATION (City, town, or county) (State) <b>Balto. Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>NOV 1 - 1951</b>		25. FUNERAL DIRECTOR ADDRESS <b>Wm Cook Inc 1217 St. Paul St</b>	



420 9385		BALTIMORE CITY HEALTH DEPARTMENT		Registered No. 51 9385	
CERTIFICATE OF DEATH					
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) <b>Susie Mills</b>				2. DATE OF DEATH <b>Oct. 30, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Baltimore City Hospitals</b> <b>4940 Eastern Avenue</b>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>26-12</b>	
D. STREET ADDRESS (If rural, give location) <b>B. C. H. 4940 Eastern Avenue-24</b>				E. YRS. MOS. DAYS <b>48 yrs.</b>	
5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>Sept. 30, 1867</b>		9. AGE (In years last birthday) <b>84</b>		10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>Virginia</b>				12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>Burr William Simpson</b>				14. MOTHER'S MAIDEN NAME <b>Elizabeth Gross</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Records</b>				ADDRESS <b>B. C. H. 4940 Eastern Avenue</b>	
18. <b>443 X</b> CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Hypertensive arteriosclerotic cardiovascular disease decompensation and heart block</b>					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>1 Week</b>					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>0</b> 19B. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>6-9-48</b> , 19 <b>51</b> , to <b>10-30</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>10-30, 1951</b> and that death occurred at <b>5:50 P.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>P. S. Hogan</b>		23B. ADDRESS <b>4940 Eastern Avenue</b>		23C. DATE SIGNED <b>10-31-51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>11/2/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>PARKWOOD</b>	
24D. LOCATION (City, town, or county) (State) <b>BALTIMORE MD</b>		25. FUNERAL DIRECTOR <b>Blanche F. Hoffmann 1639 Broadway</b>			
DATE RECEIVED BY LOCAL REGISTRAR <b>NOV 1 - 1951</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		ADDRESS	
VS 150					





51 9386

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No.

BIRTH NO. C. 200

1. NAME OF DECEASED  
(Type or Print)

JESSIE W. COCKEY

2. DATE  
OF  
DEATH

10/30/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

SINA'S HOSP

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days5. SEX  
F6. COLOR OR RACE  
W7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

SEPT. 5, 1898

9. AGE (In years  
last birthday)

53

If Under 1 Year  
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR  
INDUSTRY

AT HOME

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

JESSIE WILLIAMS

14. MOTHER'S MAIDEN NAME

CHARLOTTE TALBOT

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
Yes, no or unknown (If yes, give war or dates of service)

No

NONE

16. SOCIAL  
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

FAMILY RECORDS

18. 445X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) UREMIA

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/28, 1951, to 10/30, 1951, that I last saw the  
deceased alive on 10/29, 1951, and that death occurred at 12:03 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert Sander

M. D.

23B. ADDRESS

Sina's Hosp

23C. DATE SIGNED

10/30/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

Nov. 1, 1951

24C. NAME OF CEMETERY OR CREMATORY

JESSOP'S CHURCH CEM.

24D. LOCATION (City, town, or county)

COCKEYSVILLE, MD.

(State)

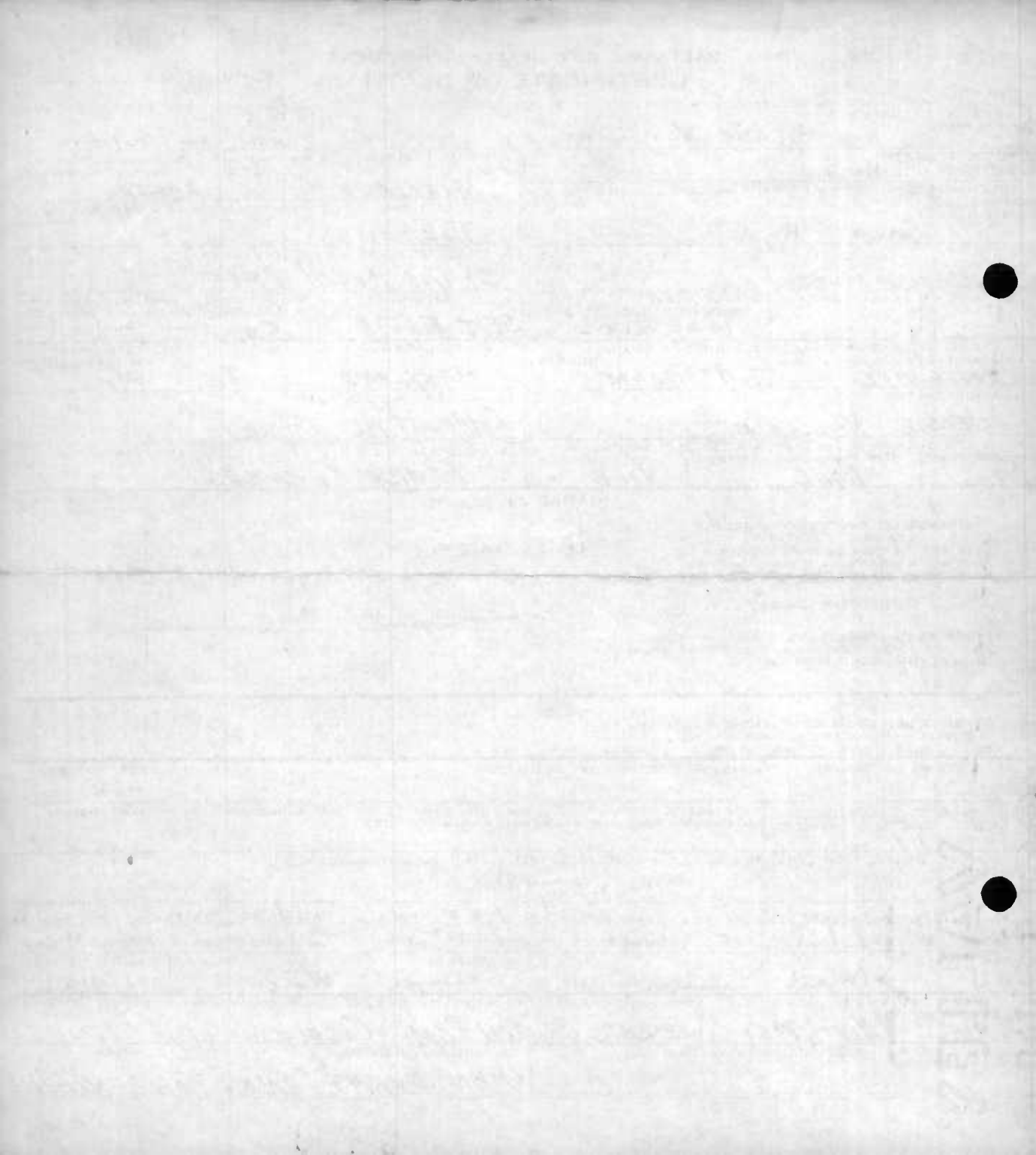
DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JOHN BURNS' SONS, TOWSON, MD.



51 9387

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9387  
Registered No.BIRTH NO. *H-526*1. NAME OF DECEASED  
(Type or Print)*GRACE LILLIAN HAMMAKER*2. DATE  
OF  
DEATH*OCT. 30, 1951*

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION*2201 MT. HOLLY STREET*

4. USUAL RESIDENCE (Where deceased lived. If institution; residence

a. STATE

b. COUNTY

*MARYLAND**BALTIMORE*

c. CITY OR TOWN

*BALTIMORE*

(If outside corporate limits, write RURAL and give township)

d. STREET ADDRESS (If rural, give location)

*2201 MT. HOLLY STREET*

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

*FEMALE*

6. COLOR OR RACE

*WHITE*7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)*MARRIED*

8. DATE OF BIRTH

*JAN. 24, 1902*9. AGE (In years  
last birthday)*49*If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10a. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)*HOUSEWIFE*10b. KIND OF BUSINESS OR  
INDUSTRY*AT HOME*

11. BIRTHPLACE (State or foreign country)

*MARYLAND*12. CITIZEN OF  
WHAT COUNTRY?*USA*

13. FATHER'S NAME

*WILLIAM J. McCULLLEY*

14. MOTHER'S MAIDEN NAME

*LILLIE BRUSE*15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
Yes, no or unknown) (If yes, give war or dates of service)*NO*16. SOCIAL  
SECURITY NO.*NONE*

17. INFORMANT

ADDRESS

*FAMILY RECORDS*

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) .....

*Coronary disease*

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) .....

*Coronary of Female heart*

DUE TO

(C) .....

*melancholia & lung*OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21b. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

m.

WHILE AT ☐NOT WHILE ☐22. I hereby certify that I attended the deceased from *Oct 29, 1951*, to *Oct 30, 1951*, that I last saw the  
deceased alive on *Oct 30, 1951*, and that death occurred at *1:00 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

24a. DATE

*NOV. 2, 1951*

24c. NAME OF CEMETERY OR CREMATORY

*GREENMOUNT CREMATORY*

24d. LOCATION (City, town, or county)

*BALTIMORE, MD.*DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*JOHN BURNS' SONS, TOWSON, MD.*



51 9388  
B-650BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9388

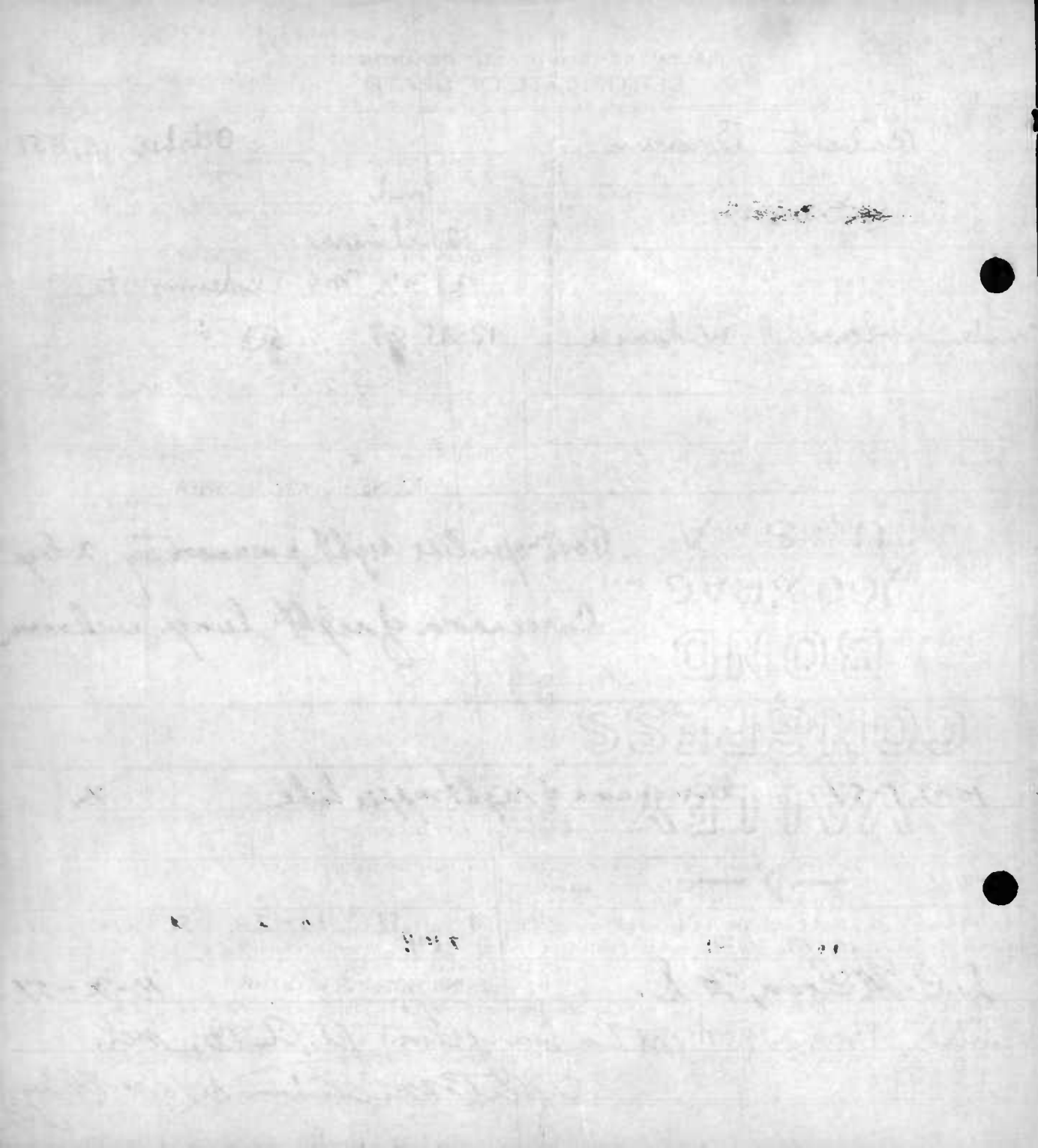
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <i>Robert Brown</i>			2. DATE OF DEATH <i>October 29, 1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY _____		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
6. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <i>2132 Mc Elderry St. 7-03</i>		
7. SEX <i>male</i>	8. COLOR OR RACE <i>colored</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	10. DATE OF BIRTH <i>12-25-97</i>	11. AGE (In years last birthday) <i>53</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>
13. FATHER'S NAME <i>John</i>			14. MOTHER'S MAIDEN NAME <i>Sa.</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>			ADDRESS		

18. <i>163X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Post-operative right pneumonia 2 days</i> DUE TO (B) <i>Carcinoma of right lung, unknown</i> DUE TO (C) _____ INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>	19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
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20. DATE OF OPERATION <i>10-27-51</i>	21. MAJOR FINDINGS OF OPERATION <i>Carcinoma of right upper lobe</i>	22. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
23A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	23B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.)	23C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
24. TIME (Month) (Day) (Year) (Hour) INJURY	25. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	26. HOW DID INJURY OCCUR?
27. I hereby certify that I attended the deceased from <i>10-19</i> , 1951, to <i>10-29</i> , 1951, that I last saw the deceased alive on <i>10-29</i> , 1951, and that death occurred at <i>7:00 p.m.</i> , from the causes and on the date stated above.		
28A. SIGNATURE <i>D.C. McLean, M.D.</i>	28B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	28C. DATE SIGNED <i>10-30-51</i>
29A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	29B. DATE <i>Nov. 2-1951</i>	29C. NAME OF CEMETERY OR CREMATORY <i>West Calvary Cem.</i>
30. DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 7 - 1951</i>	31. REGISTRAR'S SIGNATURE <i>Robert B. Williams</i>	32. FUNERAL DIRECTOR <i>1875 Mc Elderry</i>





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 9389

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>GERTRUDE JONES</b>		2. DATE OF DEATH <b>October 30, 1951</b>	
3. PLACE OF DEATH: a. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <b>Maryland</b> b. COUNTY _____	
b. FULL NAME OF HOSPITAL OR INSTITUTION <b>University Hospital</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
c. Length of stay in Baltimore <b>Life</b> Yrs. _____ Mos. _____ Days _____		d. STREET ADDRESS (If rural, give location) <b>1310 Argyle Avenue 17-02</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b>	8. DATE OF BIRTH <b>10/16/05</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>46</b>
13. FATHER'S NAME <b>Wm Bennett</b>		11. BIRTHPLACE (State or foreign country) <b>md.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
16. SOCIAL SECURITY NO. <b>-</b>		14. MOTHER'S MAIDEN NAME <b>Louvenia Bennett</b> ✓	
17. INFORMANT <b>Wm Bennett</b>		ADDRESS <b>1310 Argyle Ave</b>	

18. <b>416X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Rheumatic heart disease</b> DUE TO _____		INTERVAL BETWEEN ONSET AND DEATH _____
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO _____		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO _____		
19a. DATE OF OPERATION <b>11/3/51</b>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

2. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

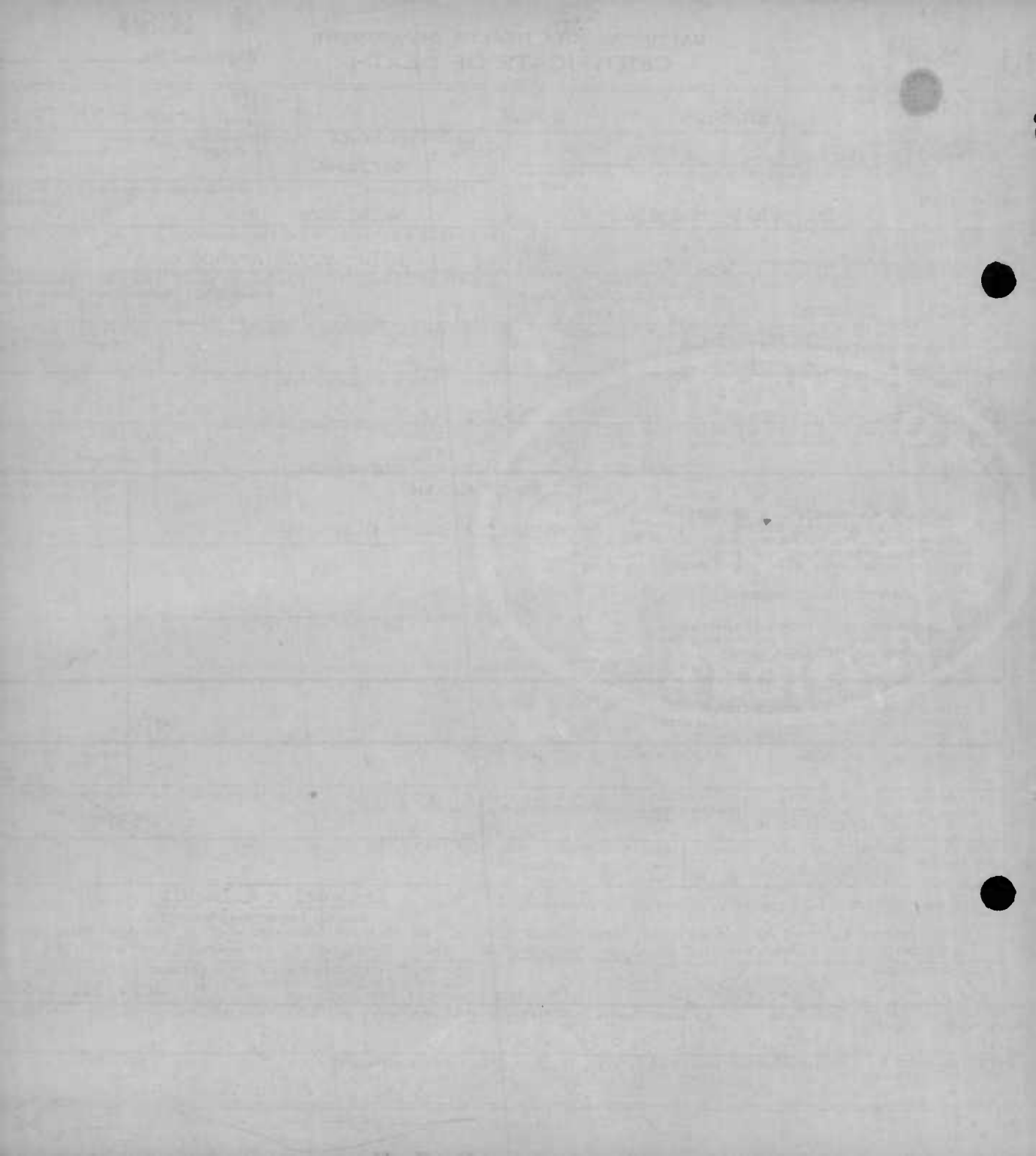
23a. SIGNATURE <i>[Signature]</i>	23b. CHIEF MEDICAL EXAMINER _____ M.D. ASSISTANT MEDICAL EXAMINER _____ MEDICAL INVESTIGATOR _____	23c. DATE SIGNED <b>Oct. 31, 1951</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11/3/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Int Calvary</b>
24d. LOCATION (City, town, or county) (State) <b>Balto Md</b>	25. FUNERAL DIRECTOR <b>Geo. H. Kelson</b>	ADDRESS <b>1303</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>NOV 1 1951</b>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	

7208A

95B Presstman St. ✓

MEDICAL CERTIFICATION





## BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. L-2001. NAME OF DECEASED  
(Type or Print)

JULIUS ELISHA LAWS

2. DATE

OF DEATH Oct. 31, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTEUS Public Health Service  
Hospital  
Wyman Pl. Drive & 31st St.

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

Col

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Engineer

10B. KIND OF BUSINESS OR  
INDUSTRY

Seafarer

13. FATHER'S NAME

Alphous Laws

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(If yes, give war or dates of service)

?

16. SOCIAL  
SECURITY NO.

?

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

626 N. Bruce Street

16-03

8. DATE OF BIRTH

11/15/14

9. AGE (In years  
last birthday)

36

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF  
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Susie Niokens

17. INFORMANT

ADDRESS

Records- US PHS HOSPITAL, Balto, Md.

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Intestinal obstruction through a  
diaphragmatic hernia, left.

Unknown

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Postoperative shock

DUE TO

(C)

CERTIFICATION APPROVED BY

CHIEF OR ASST. MEDICAL EXAMINER

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

10/31/51

19B. MAJOR FINDINGS OF OPERATION Diaphragmatic hernia  
with intestinal obstruction, left.

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☒  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)

Unknown

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

Unknown

21D. TIME (Month) (Year) (Hour)  
INJURY

October 1941

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

Stab wound left side

22. I hereby certify that I attended the deceased from Oct. 29, 1951, to Oct. 31, 1951, that I last saw the  
deceased alive on Oct. 31, 1951 and that death occurred at 2 P m., from the causes and on the date stated above.

23A. SIGNATURE

John L. Wilson, Medical Director

M. D.

23B. ADDRESS

US PHS Hospital, Balto, Md.

23C. DATE SIGNED

11/1/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

burial

24B. DATE

11/3/51

24C. NAME OF CEMETERY OR CREMATORY

Kilmarnock

24D. LOCATION (City, town, or county)

Kilmarnock, Va.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

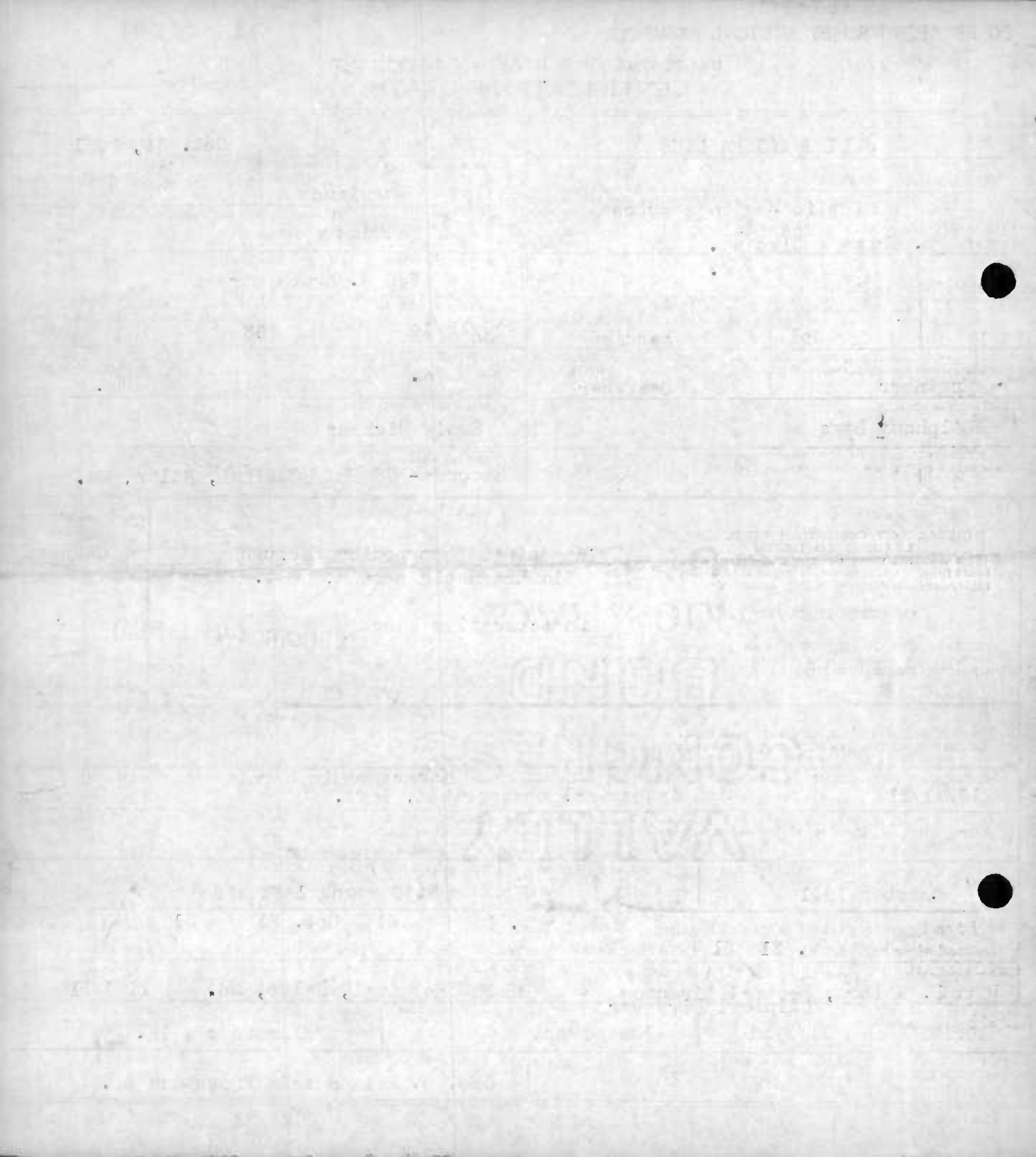
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Geo. G. Kelson 1303 Presstman St.

24055 Geo. G. Kelson 122a



530  
1 9391BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9391  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Ada Smith.

2. DATE  
OF  
DEATH

Oct. 30, 1957.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

1302 W. Lanvale St..

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

C

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

16-02

D. STREET ADDRESS (If rural, give location)

1302 W. Lanvale St..

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

March 11, 1900 51

9. AGE (In years last birthday)

If Under 1 Year  
Months Days  
If Under 24 Hours  
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Charles Co. Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

John Bean

14. MOTHER'S MAIDEN NAME

Lizzie Mack.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Charles Smith. 1302 W. Lanvale St.

18. 334X I

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

DUE TO

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATHInterval  
between  
onset  
and  
death

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

M. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/17/57, 19, to 10/27/57, that I last saw the deceased alive on 10/27/57, and that death occurred at 8 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

ADDRESS

CERTIFICATE OF DEATH

CH. 10 1901

John Doe

John Doe

John Doe

John Doe

John Doe

John Doe

John Doe

John Doe

John Doe

John Doe

John Doe

John Doe

John Doe

John Doe

John Doe

John Doe

John Doe

John Doe

John Doe

John Doe

John Doe

650

51 9392

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 9392

Registered No.

1. NAME OF DECEASED (Type or Print)

Annie C. Brown.

2. DATE OF DEATH

October 30, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE Maryland.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1402 Harlem Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 16-00

D. STREET ADDRESS (If rural, give location)

1402 Harlem Ave.

5. SEX

Female

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married.

8. DATE OF BIRTH

Feb. 29, 1890

9. AGE (In years last birthday)

61

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Howard Co. Va.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Washington Taylor.

14. MOTHER'S MAIDEN NAME

Marie Dorsey.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Milton Brown.

ADDRESS

1402 Harlem Ave

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

260X I Cerebral Hemorrhage

CAUSE OF DEATH

(A) DUE TO H C V D

INTERVAL BETWEEN ONSET AND DEATH

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO Diabetes Mellitus

INTERVAL BETWEEN ONSET AND DEATH

?

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

INTERVAL BETWEEN ONSET AND DEATH

?

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 26, 1951, to Oct. 30, 1951, that I last saw the deceased alive on Oct. 30, 1951, and that death occurred at 4:00 m., from the causes and on the date stated above.

23A. SIGNATURE

Henry McDonald M.D.

23B. ADDRESS

844 N. Caw

23C. DATE SIGNED

11/1/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11/3/1951

24C. NAME OF CEMETERY OR CREMATORY

Wt. Calvary Cem.

24D. LOCATION (City, town, or county) (State)

Cedar Hill Md.

DATE RECEIVED BY LOCAL REGISTRAR

NOV 1 - 1951

REGISTRAR'S SIGNATURE

Washington Williams

25. FUNERAL DIRECTOR

Mrs. Patrick Williams

ADDRESS

9. Schroeder St.

VS 150

61



CONSTITUTION OF THE

AGRICULTURAL SOCIETY

ARTICLE I

SECTION 1

SECTION 2

SECTION 3

SECTION 4

SECTION 5

SECTION 6

ARTICLE II



442  
9393

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9393

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Charles Klutch</i>		2. DATE OF DEATH <i>Oct 31 / 57</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Balto.</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>211 Gitting Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. 27-12</i>			
C. Length of stay in Baltimore <i>BORR.</i>		D. STREET ADDRESS (If rural, give location) <i>211 Gitting Ave</i>			
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Aug. 6 1871</i>	9. AGE (in years last birthday) <i>80</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Stone-carver</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Retired</i>		11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>	
13. FATHER'S NAME <i>Louis L Klutch</i>		14. MOTHER'S MAIDEN NAME <i>Elizabeth ?</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>219-18-5292</i>		17. INFORMANT <i>Pearl C. Klutch</i> ADDRESS <i>Same</i>	
18. <i>153X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma of lvm 1/3 glw</i>		CAUSE OF DEATH (A) <i>Carcinoma of lvm 1/3 glw</i> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>1950?</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <i>Metastasis of lvm to D. &amp; test</i> DUE TO		(C) .....		<i>1951</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Typhemia</i>		<i>1952</i>			
19A. DATE OF OPERATION <i>June 1951</i>		19B. MAJOR FINDINGS OF OPERATION <i>Carcinoma of lvm 1/3 glw - Metastasis of lvm to D. &amp; test</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>April 2, 1951</i> , to <i>Oct 31, 1957</i> , that I last saw the deceased alive on <i>Oct 30, 1957</i> and that death occurred at <i>2:30 A.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>B. L. Bishop</i>		23B. ADDRESS <i>503 S London &amp;</i>		23C. DATE SIGNED <i>10/31/57</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Nov. 2, 1957</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Poplar Presbyterian</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto Md</i>		25. FUNERAL DIRECTOR <i>H. Jenkins</i>		ADDRESS <i>Ans to 4905 Yorks</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 1 - 1957</i>		REGISTRAR'S SIGNATURE <i>William H. Williams</i>		25. FUNERAL DIRECTOR <i>H. Jenkins</i>	

Dr. Bishop  
York & Sherburne

460  
9394BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9394

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Katherine A. Miller</i>		2. DATE OF DEATH <i>Oct 30, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Maryland General Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balt.</i>	
D. STREET ADDRESS (If rural, give location) <i>419 Register Ave #12</i>		E. ZIP CODE <i>5300</i>	
5. SEX <i>F</i>		6. COLOR OR RACE <i>W</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>S</i>		8. DATE OF BIRTH <i>Jan 22, 1877</i>	
9. AGE (In years, last birthday) <i>74</i>		10. Under 1 Year Months: Days	
11. Under 24 Hours Hours: Min.		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>John G. Miller</i>		14. MOTHER'S MAIDEN NAME <i>Barbara Schmidt</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>NO</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>J. HENRY MILLER</i>		ADDRESS <i>419 REGISTER</i>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Myocardial Insufficiency</i>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Arteriosclerotic Cardio-Vascular disease</i>			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Cat Recto-Sigmoid</i>			
19A. DATE OF OPERATION <i>10/22/51</i>		19B. MAJOR FINDINGS OF OPERATION <i>Cat Recto-Sigmoid (Abdomino-Perineal Resection)</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>10/21</i> , 1951, to <i>10/30</i> , 1951, that I last saw the deceased alive on <i>10/30</i> , 1951, and that death occurred at <i>6:20 A.M.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>G. E. Bryant</i>		23B. ADDRESS <i>Maryland Ben Hoy</i>	
23C. DATE SIGNED <i>10/30/51</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>11/2/51</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>OAK LAWN</i>		24D. LOCATION (City, town, or county) (State) <i>COLGATE MD</i>	
25. FUNERAL DIRECTOR <i>ULLRICH FUNERAL HOME ORLEANS</i>		ADDRESS <i>2008</i>	

100

100

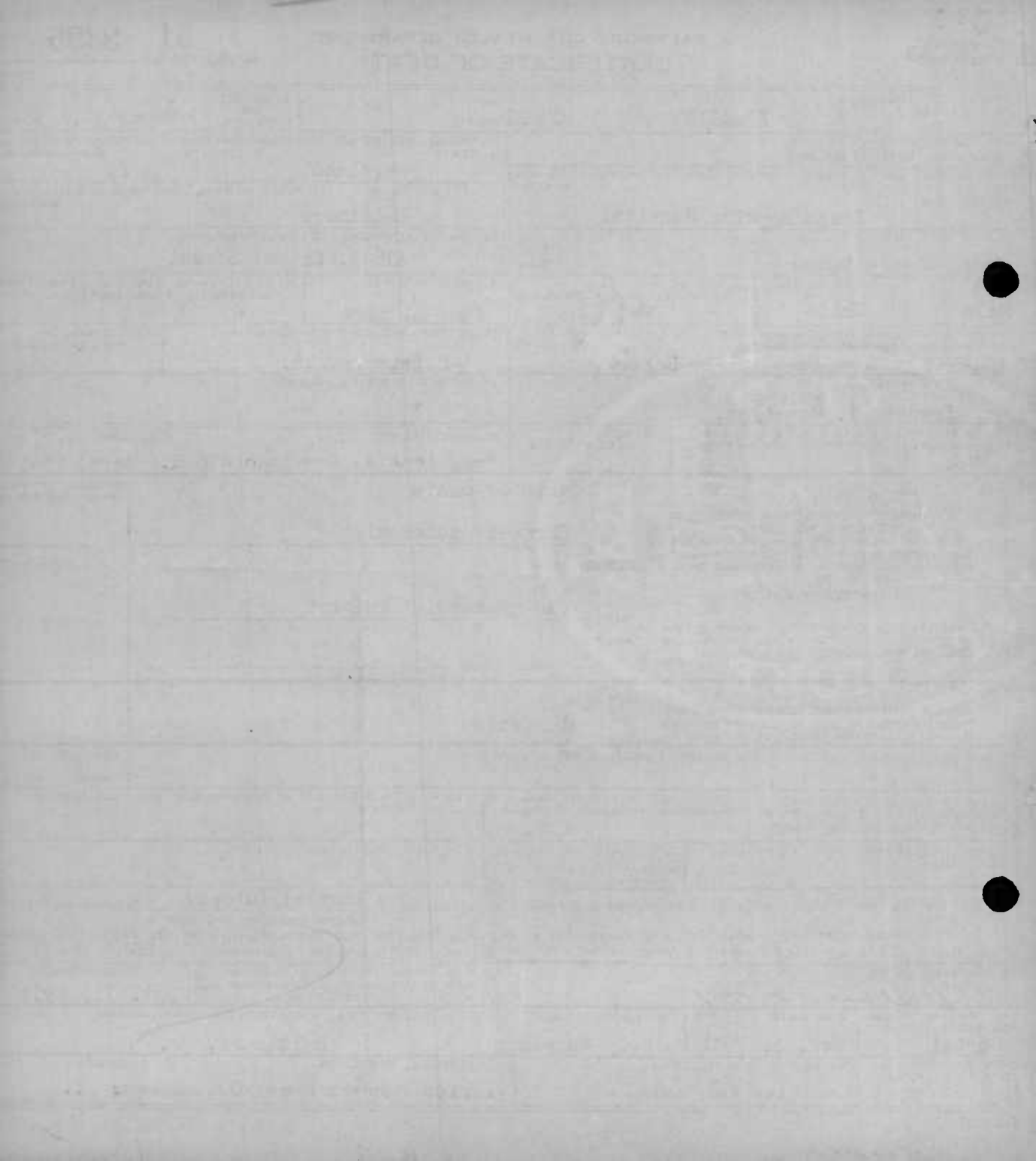
NATIONAL BUREAU OF HEALTH

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of informant		11. Signature of witness		12. Signature of funeral director	
13. Signature of undertaker		14. Signature of cemetery		15. Signature of burial place		16. Signature of burial place	
17. Signature of burial place		18. Signature of burial place		19. Signature of burial place		20. Signature of burial place	
21. Signature of burial place		22. Signature of burial place		23. Signature of burial place		24. Signature of burial place	
25. Signature of burial place		26. Signature of burial place		27. Signature of burial place		28. Signature of burial place	
29. Signature of burial place		30. Signature of burial place		31. Signature of burial place		32. Signature of burial place	
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37. Signature of burial place		38. Signature of burial place		39. Signature of burial place		40. Signature of burial place	
41. Signature of burial place		42. Signature of burial place		43. Signature of burial place		44. Signature of burial place	
45. Signature of burial place		46. Signature of burial place		47. Signature of burial place		48. Signature of burial place	
49. Signature of burial place		50. Signature of burial place		51. Signature of burial place		52. Signature of burial place	
53. Signature of burial place		54. Signature of burial place		55. Signature of burial place		56. Signature of burial place	
57. Signature of burial place		58. Signature of burial place		59. Signature of burial place		60. Signature of burial place	
61. Signature of burial place		62. Signature of burial place		63. Signature of burial place		64. Signature of burial place	
65. Signature of burial place		66. Signature of burial place		67. Signature of burial place		68. Signature of burial place	
69. Signature of burial place		70. Signature of burial place		71. Signature of burial place		72. Signature of burial place	
73. Signature of burial place		74. Signature of burial place		75. Signature of burial place		76. Signature of burial place	
77. Signature of burial place		78. Signature of burial place		79. Signature of burial place		80. Signature of burial place	
81. Signature of burial place		82. Signature of burial place		83. Signature of burial place		84. Signature of burial place	
85. Signature of burial place		86. Signature of burial place		87. Signature of burial place		88. Signature of burial place	
89. Signature of burial place		90. Signature of burial place		91. Signature of burial place		92. Signature of burial place	
93. Signature of burial place		94. Signature of burial place		95. Signature of burial place		96. Signature of burial place	
97. Signature of burial place		98. Signature of burial place		99. Signature of burial place		100. Signature of burial place	

625  
1 9395BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9395  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		FRANCIS CORRIGAN		October 30, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 416 N. Chapel Street			
5. SEX Male		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Pie Bakery		8. DATE OF BIRTH June 6, 1884	
13. FATHER'S NAME Jrances J. Cor igen,		14. MOTHER'S MAIDEN NAME ?		9. AGE (in years last birthday) 67	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No.		16. SOCIAL SECURITY NO.		12. CITIZEN OF WHAT COUNTRY	
				11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
				14. MOTHER'S MAIDEN NAME ?	
				17. INFORMANT Mrs. Anne J. Corrigan	
				ADDRESS 416 N. Chapel St.	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary sclerosis		CAUSE OF DEATH (A) Coronary sclerosis			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Old myocardial infarct		(B) Old myocardial infarct			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabetes		(C) Diabetes			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
2. I certify that I took charge of the remains described above, held an <u>Partial Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William H. Borch		23B. CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR		23C. DATE SIGNED Oct. 31, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 3, 1951		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. FUNERAL DIRECTOR Ulrich Funeral Home		24F. ADDRESS 2008 Orleans St.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 1 - 1951		REGISTRAR'S SIGNATURE E. J. Williams, Jr.		25. FUNERAL DIRECTOR Ulrich Funeral Home	
V S 151		97044		61 ✓	





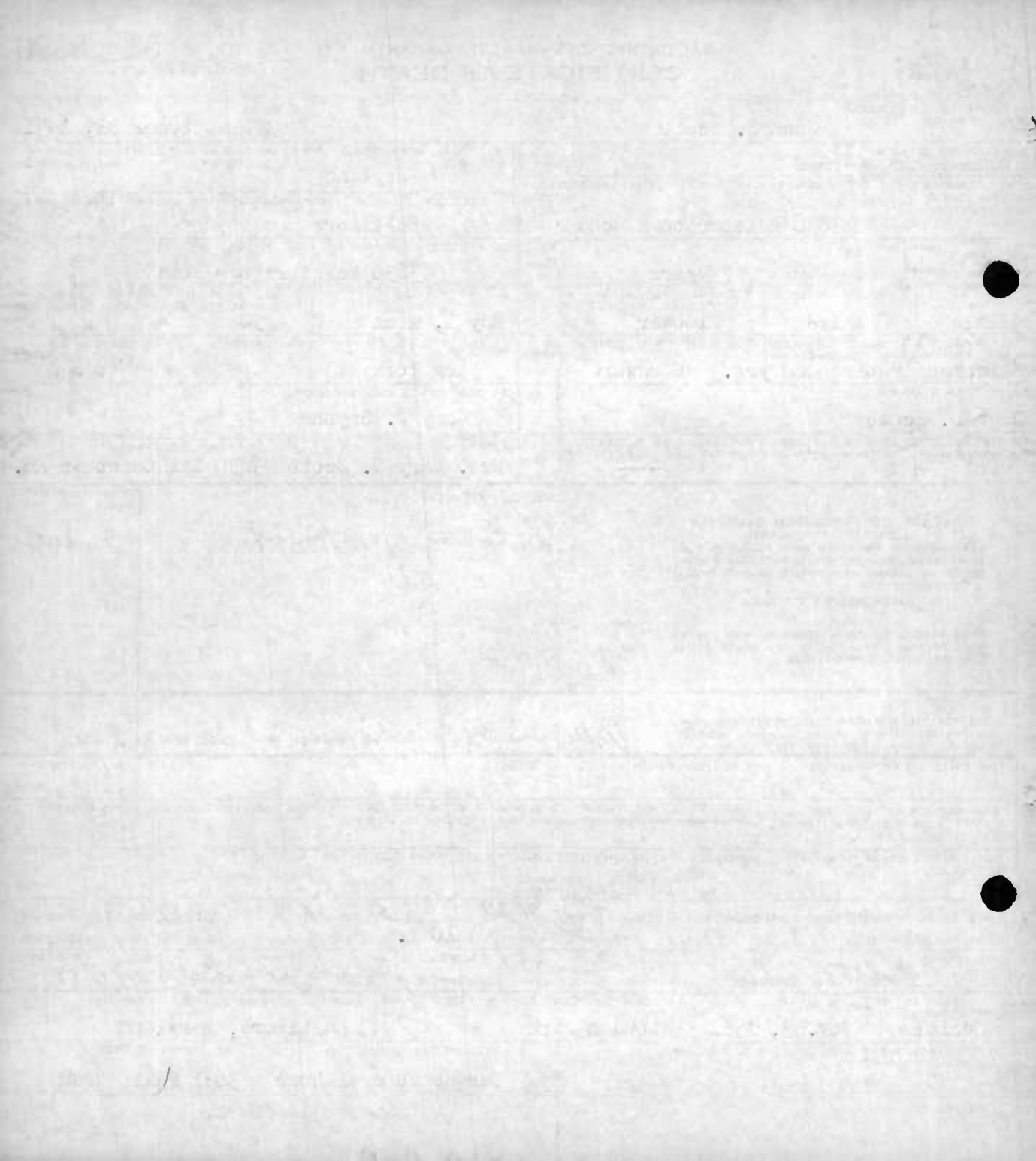
300  
51 9396  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9396  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>John S. Scott</b>		2. DATE OF DEATH <b>October 31, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>3830 Reisterstown Road</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>3830 Reisterstown Road</b>		E. AGE (in years last birthday) <b>90</b>	
F. GENDER <b>Male</b>		G. COLOR OR RACE <b>White</b>	
H. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>		I. DATE OF BIRTH <b>May 1, 1861</b>	
J. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman Retired 20 yrs.</b>		K. BIRTHPLACE (State or foreign country) <b>New York</b>	
L. KIND OF BUSINESS OR INDUSTRY <b>Hardware</b>		M. CITIZEN OF WHAT COUNTRY? <b>U S A</b>	
N. FATHER'S NAME <b>Hugh B. Scott</b>		O. MOTHER'S MAIDEN NAME <b>Mary J. Smythe</b>	
P. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>		Q. SOCIAL SECURITY NO. <b>----</b>	
R. INFORMANT <b>Mrs. Mary S. Scott</b>		S. ADDRESS <b>3830 Reisterstown Rd.</b>	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Carcinoma of stomach</b> (A) DUE TO INTERVAL BETWEEN ONSET AND DEATH <b>3 months</b> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Arteriosclerotic Cardiovascular disease</b> 2 years			
19A. DATE OF OPERATION <b>10/31</b>		19B. MAJOR FINDINGS OF OPERATION	
20A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		20B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		20D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
20E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>7/30</b> , 19 <b>51</b> , to <b>10/31</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>10/31</b> , 19 <b>51</b> , and that death occurred at <b>10 P.m.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>Robert T. Parker</b>		23B. ADDRESS <b>University Hospital, Balto</b>	
23C. DATE SIGNED <b>11/1/51</b>		23D. M. D.	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Nov. 3, 1951</b>	
24C. NAME OF CEMETERY OR CREMATOR <b>Loudon Park</b>		24D. LOCATION (City, town, or county) (State) <b>Baltimore, Maryland</b>	
25. FUNERAL DIRECTOR <b>Burges Funeral Home</b>		25. ADDRESS <b>3631 Falls Road</b>	

Horace F. Burges

46 B

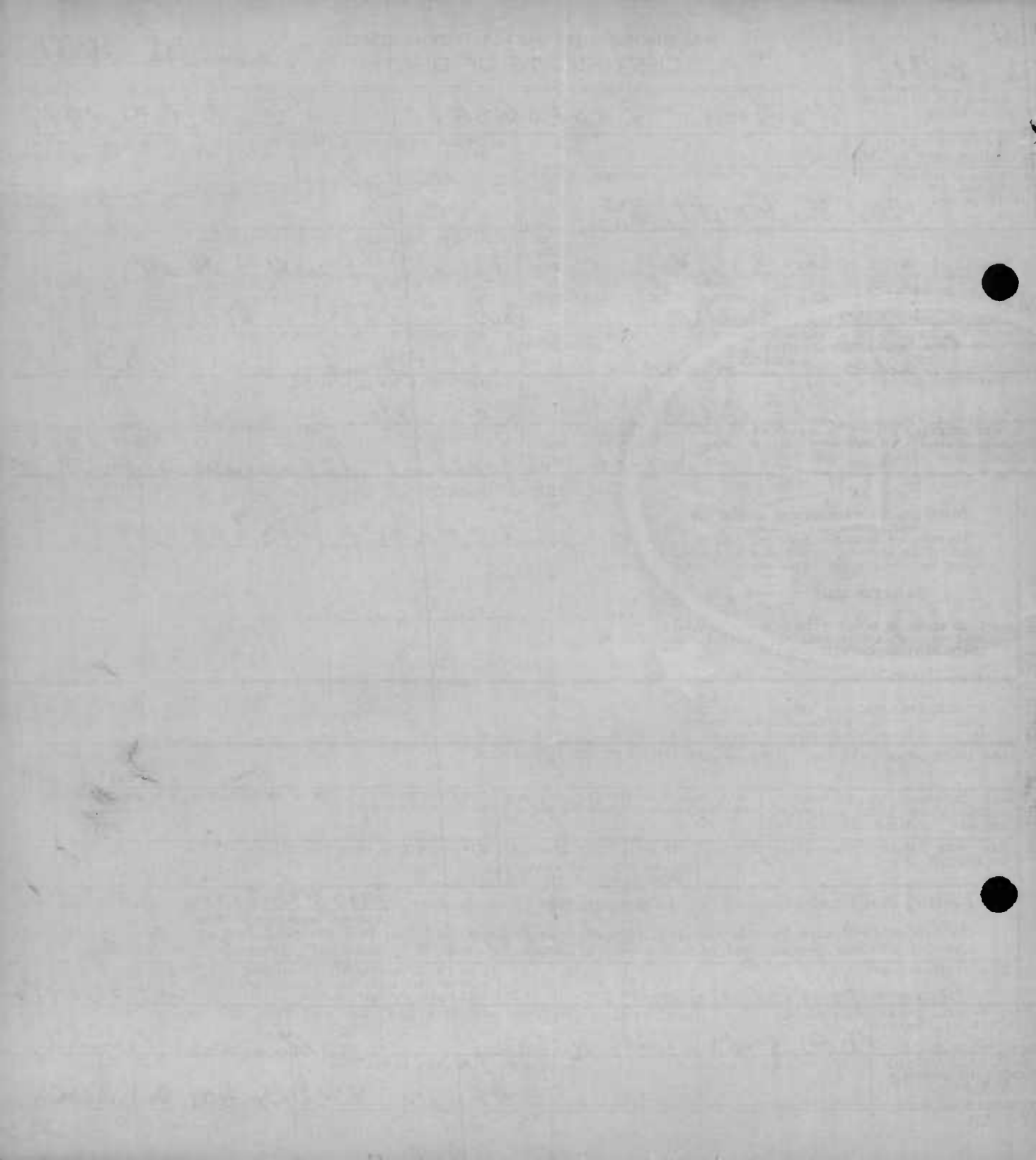




122  
51 9397  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9397

1. NAME OF DECEASED (Type or Print) <b>Marian Lepkowski</b>		2. DATE OF DEATH <b>Oct. 31, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>2-01</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>1902 E. Pratt St.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
C. Length of stay in Baltimore <b>39 years</b>		D. STREET ADDRESS (If rural, give location) <b>1902 E Pratt Street</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Feb 2 1884</b>
9. AGE (In years last birthday) <b>67</b>		10. CITIZEN OF WHAT COUNTRY? <b>Poland</b>	
11. BIRTHPLACE (State or foreign country) <b>Poland</b>		12. CITIZEN OF WHAT COUNTRY? <b>Poland</b>	
13. FATHER'S NAME <b>Cyprian Lepkowski</b>		14. MOTHER'S MAIDEN NAME <b>Carmela</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>217-09-5942</b>	
17. INFORMANT <b>Josephine Lepkowski</b>		ADDRESS <b>1902 E. Pratt St.</b>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Coronary Disease</b>		INTERVAL BETWEEN ONSET AND DEATH	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
I certify that I took charge of the remains described above, held an <b>Inspection</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE <b>Wm. H. Kammer, Jr.</b>		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....	
23C. DATE SIGNED <b>Oct. 31, 1951</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Nov. 5/51</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Holy Rosary</b>		24D. LOCATION (City, town, or county) (State) <b>Baltimore County</b>	
25. FUNERAL DIRECTOR <b>John M. Debes</b>		ADDRESS <b>401 S. Chester</b>	



43  
9398

## CERTIFICATE CORRECTED 11-6-51

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

51 9398  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

HARRY G. BOBLITS

2. DATE  
OF  
DEATH

Nov 1, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

3535 Everhart St.

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

male

white

married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

barber

10B. KIND OF BUSINESS OR INDUSTRY

Schmitt Rubber

13. FATHER'S NAME

AUTO TIRES (M)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto

D. STREET ADDRESS (If rural, give location)

3535 Everhart St

9. AGE (in years last birthday) 11 Under 1 Year Months: Days 11 Under 24 Hours Hours: Min.

60

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Catherine A Boblits 3535 Everhart St.

18. 420.1

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(A) Coronary Occlusion

DUE TO

(B) Atherosclerotic Coroner V D

DUE TO

(C) Arteriosclerosis

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947, 19 to 11/1, 1951, that I last saw the deceased alive on 10/30, 1951, and that death occurred at 11:00 Am., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 1 - 1951

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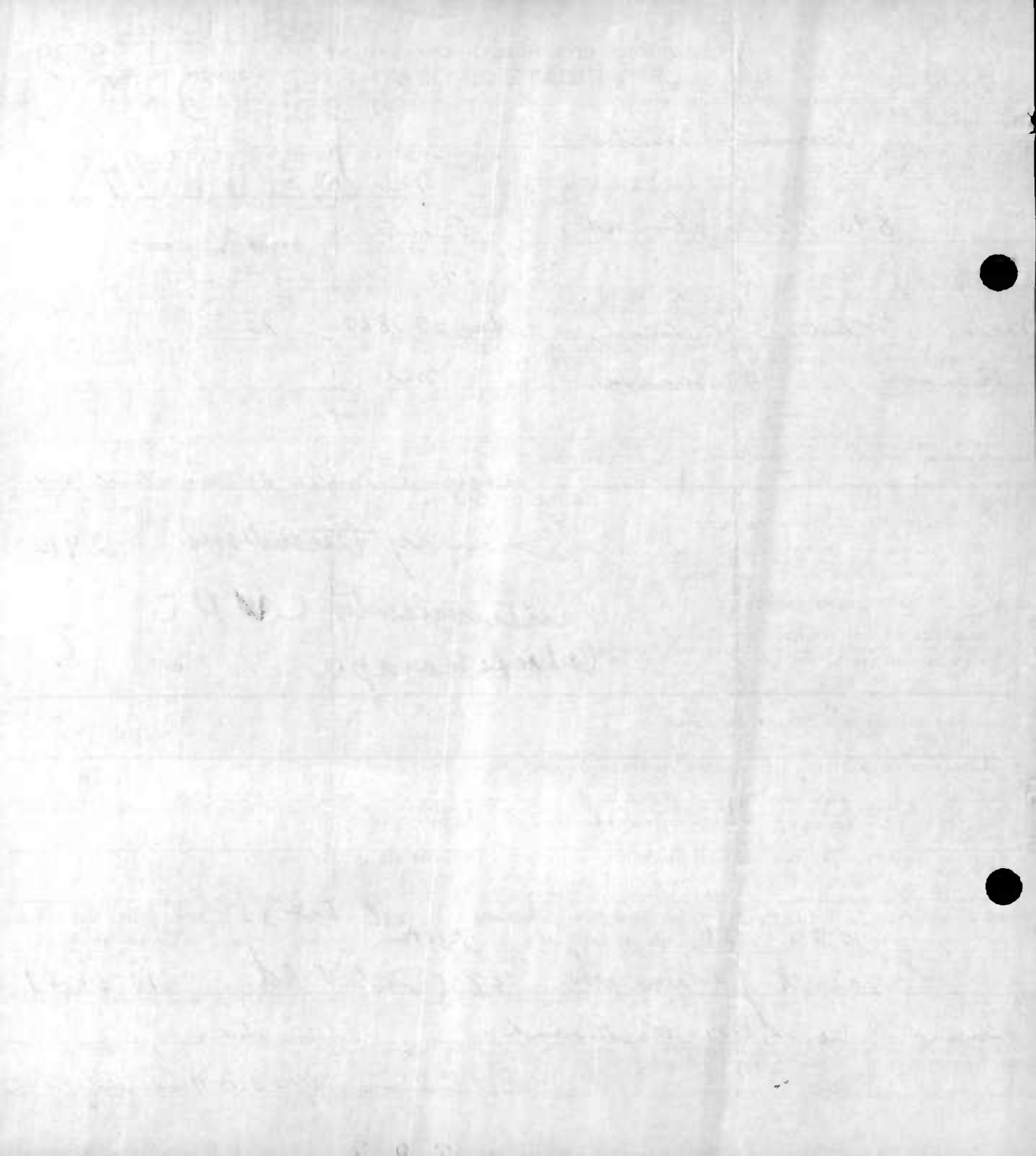
466  
9399

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9399  
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Bernard Miller</i>		2. DATE OF DEATH <i>Oct 30, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Balto.</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>843 Wellington St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i>	
6. Length of stay in Baltimore Yrs. <i>0</i> Mos. <i>0</i> Days <i>0</i>		D. STREET ADDRESS (If rural, give location) <i>843 Wellington St</i>	
7. SEX <i>Male</i>	8. COLOR OR RACE <i>White</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	10. DATE OF BIRTH <i>Aug 28, 1869</i>
11. AGE (In years last birthday) <i>82</i>	12. If Under 1 Year Months: <i>0</i> Days: <i>0</i>	13. If Under 24 Hours Hours: <i>0</i> Min: <i>0</i>	14. CITIZEN OF WHAT COUNTRY? <i>Md.</i>
15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Barber</i>		16. KIND OF BUSINESS OR INDUSTRY <i>Barbershop</i>	
17. FATHER'S NAME <i>—</i>		18. MOTHER'S MAIDEN NAME <i>—</i>	
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>—</i>		20. SOCIAL SECURITY NO. <i>—</i>	
21. INFORMANT <i>Chester L. Miller 3511 Chestnut Ave.</i>		22. ADDRESS <i>—</i>	
23. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary thrombosis</i>		24. INTERVAL BETWEEN ONSET AND DEATH <i>24 hrs.</i>	
25. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Arteriosclerosis CVD Cardiomegaly</i>		26. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>—</i>	
27. DATE OF OPERATION <i>0</i>		28. MAJOR FINDINGS OF OPERATION <i>—</i>	
29. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		30. DATE OF OPERATION <i>10-30-51</i>	
31. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		32. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>—</i>	
33. WHERE DID INJURY OCCUR? <i>—</i>		34. TIME (Month) (Day) (Year) (Hour) <i>—</i>	
35. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		36. HOW DID INJURY OCCUR? <i>—</i>	
37. I hereby certify that I attended the deceased from <i>Jan 1, 1947</i> to <i>Oct 30, 1951</i> , that I last saw the deceased alive on <i>10-30, 1951</i> , and that death occurred at <i>8:30 A.M.</i> , from the causes and on the date stated above.			
38. SIGNATURE <i>Laurel J. Schumacher</i>		39. ADDRESS <i>3711 Zeller Rd</i>	
40. DATE <i>Nov 2, 1951</i>		41. NAME OF CEMETERY OR CREMATORY <i>Parkwood</i>	
42. LOCATION (City, town, or county) <i>Taylor Ave.</i>		43. STATE <i>Md.</i>	
44. DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 1 - 1951</i>		45. REGISTRAR'S SIGNATURE <i>—</i>	
46. FUNERAL DIRECTOR <i>Paul E. Schumacher</i>		47. ADDRESS <i>3615-17 Chestnut Ave</i>	

MEDICAL CERTIFICATION





500  
9400BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9400  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Margaret I Rehm</i>			2. DATE OF DEATH <i>10/31/51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE _____ B. COUNTY <i>19-01</i>		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>St. Agnes Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore Md</i>		
6. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <i>1428 W. Lexington St</i>		
7. SEX <i>F</i>	8. COLOR OR RACE <i>W</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	10. DATE OF BIRTH <i>10-5-03</i>	11. AGE (in years last birthday) <i>48</i>	12. If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min. _____
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Nurse</i>			14. KIND OF BUSINESS OR INDUSTRY		
15. FATHER'S NAME <i>Charles Baumbach</i>			16. MOTHER'S MAIDEN NAME <i>Allice Eberg</i>		
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)			18. SOCIAL SECURITY NO.		
19. INFORMANT			ADDRESS		

18. <i>442X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Sero fibrinous Pericarditis</i> DUE TO (B) <i>Uremia</i> DUE TO (C) <i>Hypertensive Cardiovascular Renal Disease</i>  <i>Hypothyroidism</i>	INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>10/28</i> , 19 <i>51</i> , to <i>10/31</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>10/31</i> , 19 <i>51</i> , and that death occurred at <i>5:00</i> p.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Harry J. Smith</i> M. D.		23B. ADDRESS <i>St. Agnes Hosp</i>		23C. DATE SIGNED <i>10/31/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Nov 3, 1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Grave Run</i>	24D. LOCATION (City, town, or county) (State) <i>Balto Md</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 1 - 1951</i>		REGISTRAR'S SIGNATURE <i>Washington Williams</i>		25. FUNERAL DIRECTOR <i>Paul E. Lohmeyer</i>	
				ADDRESS <i>3615-11 Chestnut Ave</i>	

WALLACE  
CONSTRUCTION  
BOND  
L.S.

420  
1 9401BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9401

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)*Maudie Noel Welsh*2. DATE  
OF  
DEATH*Oct-31-1951.*

3. PLACE OF DEATH:

a. Baltimore City, Maryland *1606 Chilton Street*

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*Md.**Baltimore City*

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

*at home*

c. Length of stay in Baltimore

*Life*Yrs.  
Mos.  
Days

o. STREET ADDRESS (If rural, give location)

*1606 Chilton St -*

5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

*Female White**Married*

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*None*

10b. KIND OF BUSINESS OR INDUSTRY

*None*

11. BIRTHPLACE (State or foreign country)

*Balls. Md.*

12. CITIZEN OF WHAT COUNTRY?

*U.S.*

13. FATHER'S NAME

*Chas. W. Noel (born Pa.)*

14. MOTHER'S MAIDEN NAME

*Mary Standiford (Balls Co. Md.)*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

*No*

16. SOCIAL SECURITY NO.

*NONE*

17. INFORMANT

ADDRESS

*Will. L. Welsh - (husband) 1606 Chilton St.*18. *443 X 1*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) .....

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) .....

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) .....

INTERVAL BETWEEN ONSET AND DEATH

*10 days*

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Oct 15*, 19*51*, to *Oct 31*, 19*51*, that I last saw the deceased alive on *Oct 31*, 19*51*, and that death occurred at *11:30* m., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 1 - 1951

*Washington Williams, Jr.**Elwood Morris Balli*



536  
31 9402BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9402  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

GEORGE LEE ANDERSON

2. DATE  
OF

DEATH OCTOBER-30-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1908 LINDEN AVE.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

MARYLAND

BALTIMORE CITY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

1908 LINDEN AVE (17)

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

About Aug-2-1898

9. AGE (In years  
last birthday)

Abt 53 yrs.

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

probably Janitor

10B. KIND OF BUSINESS OR  
INDUSTRY

clean-up man restor't

11. BIRTHPLACE (State or foreign country)

probably West Virginia

12. CITIZEN OF  
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

could not ascertain

14. MOTHER'S MAIDEN NAME

could not ascertain

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

yes

(If yes, give war or dates of service)

W.W.1

16. SOCIAL  
SECURITY NO.

236-01-9901

17. INFORMANT

ADDRESS

from papers in his possession.

18. 4201

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

12 hours

years

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐NOT WHILE ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 29 Oct, 1951, to 30 Oct, 1951, that I last saw the  
deceased alive on 29 Oct, 1951, and that death occurred at 9:28 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 1 - 1951

Thurston Williams

Stewart &amp; Mowen Co., 108 W. North Ave.

WILLIAM

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565  
51 9403BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9403  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

James Lawrence Finneran, Jr.

2. DATE  
OF  
DEATH

October 31, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

NATURAL

St. Joseph's

C. Length of stay in Baltimore

LIFE

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

OWNER

10B. KIND OF BUSINESS OR INDUSTRY

Pool Room

13. FATHER'S NAME

EDWARD J. FINNERAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

NONE

14. MOTHER'S MAIDEN NAME

HONORA HANDLEY

17. INFORMANT

LAWRENCE J. FINNERAN

ADDRESS

1113 Barclay St.

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Probable myocardial infarction

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Arthritis, spine

Bronchopneumonia; Pulmonary emphysema;

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

22. I hereby certify that I attended the deceased from October 31, 1951, to October 31, 1951 that I last saw the deceased alive on Oct. 31, 1951. and that death occurred at 3:30pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1100 N. Caroline St.

October 31/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

11/5/51

24C. NAME OF CEMETERY OR CREMATORY

NEW CATHEDRAL CEM

24D. LOCATION (City, town, or county)

BALTO MD

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

NOV 1 - 1951

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

CHARLES F. EVANS &amp; SON

ADDRESS

2908L 118 W. Mt. Royal Ave.

94a



CONFIDENTIAL

SECRET

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

120  
51 9404BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9404  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Russell Hobbs

2. DATE  
OF  
DEATH

10/31/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

University Hospital

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Howard

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Ellicott City

D. STREET ADDRESS (If rural, give location)

Montgomery Rd.

6300

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Jan 5, 1898

9. AGE (In years last birthday)

33

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Office manager

10B. KIND OF BUSINESS OR INDUSTRY

Empire Contr. Industry

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Alphers Hobbs

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.  
218-07-7894

17. INFORMANT

ADDRESS

Wife Mary F. Hobbs, Ellicott City

18. 330X1

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Subarachnoid Hemorrhage

DUE TO

INTERVAL BETWEEN  
ONSET AND DEATH

13 days

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/25, 1951, to 10/31, 1951, that I last saw the deceased alive on 10/31, 1951, and that death occurred at 12:34 a. m., from the causes and on the date stated above.

23A. SIGNATURE

A.D. Richardson

23B. ADDRESS

M. D.

University Hospital

23C. DATE SIGNED

10/31/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11-2-51

24C. NAME OF CEMETERY OR CREMATORY

St. Marks

24D. LOCATION (City, town, or county) (State)

Highland, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

F.C. Higinbotham, Ellicott City, Md.

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

460  
51 9405BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9405

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Edward F. Walker

2. DATE  
OF  
DEATH

Oct. 31-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

2823 Hemlock Ave

Yrs.  
Mos.  
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)

2823 Hemlock Ave

Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Dec. 4-1887

9. AGE (in years  
last birthday)

63

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Ret. Bay Pilot

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Eastern Shore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Archibald M. Walker

14. MOTHER'S MAIDEN NAME

Nellie E. Dashiell

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Leland Walker, 2710 Inglewood

18. 151X I

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

2 hrs.

Unknown.

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 10, 1957, to 300 AM, 1957, that I last saw the  
deceased alive on 300 AM, 1957, and that death occurred at 6 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Dr. L. D. Dineen

M. O.

23B. ADDRESS

5600 Hampd Rd

23C. DATE SIGNED

3/25/57

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

11-3-51

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

L. J. Luck 5305 Nayford Rd

Dr. O'Brien  
5600 Highland

162  
51 9406

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9406

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>Meed C. Sparks</b>		2. DATE OF DEATH <b>Oct. 31/51</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>1609 Wilkens Ave.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>1609 Wilkens Ave.</b>		E. LENGTH OF STAY IN BALTIMORE <b>35 yrs</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 4, 1885</b>
9. AGE (In years last birthday) <b>66</b>		10. UNDER 1 Year Months: _____ Days: _____	11. UNDER 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Light watchman</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Eastern Overall Co.</b>	
11. BIRTHPLACE (State or foreign country) <b>Md.</b>		12. CITIZEN OF WHAT COUNTRY? <b>✓</b>	
13. FATHER'S NAME <b>John Sparks</b>		14. MOTHER'S MAIDEN NAME <b>Charlotte Meed</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <b>Mrs. Rosa M. Sparks</b>		ADDRESS <b>1609 Wilkens Ave</b>	

18. <b>592x 1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Bronchopneumonia. bilateral</b>	INTERVAL BETWEEN ONSET AND DEATH <b>24 Hrs</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Chronic Nephritis with Hypertension</b>	<b>10 Years</b>
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Duodenal Ulcer</b>	<b>unknown</b>

19A. DATE OF OPERATION <b>0</b>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan 1**, 19**51**, to **Oct 31**, 19**51**, that I last saw the deceased alive on **Oct 30**, 19**51**, and that death occurred at **2<sup>nd</sup> A.** m., from the causes and on the date stated above.

23A. SIGNATURE <b>Nathan Racusin</b>	23B. ADDRESS <b>206 S. Gilmer St</b>	23C. DATE SIGNED <b>10/31/51</b>
---	---	-------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Nov. 3/51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Loudon Park, 3801 Frederick Rd. Balto.</b>	24D. LOCATION (City, town, or county) (State) <b>29, Md.</b>
--	-------------------------------	---	---

DATE RECEIVED BY LOCAL REGISTRAR <b>NOV 1 1951</b>	REGISTRAR'S SIGNATURE <b>Harry A. Lutzke</b>	25. FUNERAL DIRECTOR <b>4101 Edmondson Ave.</b>
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1925

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1944

1945

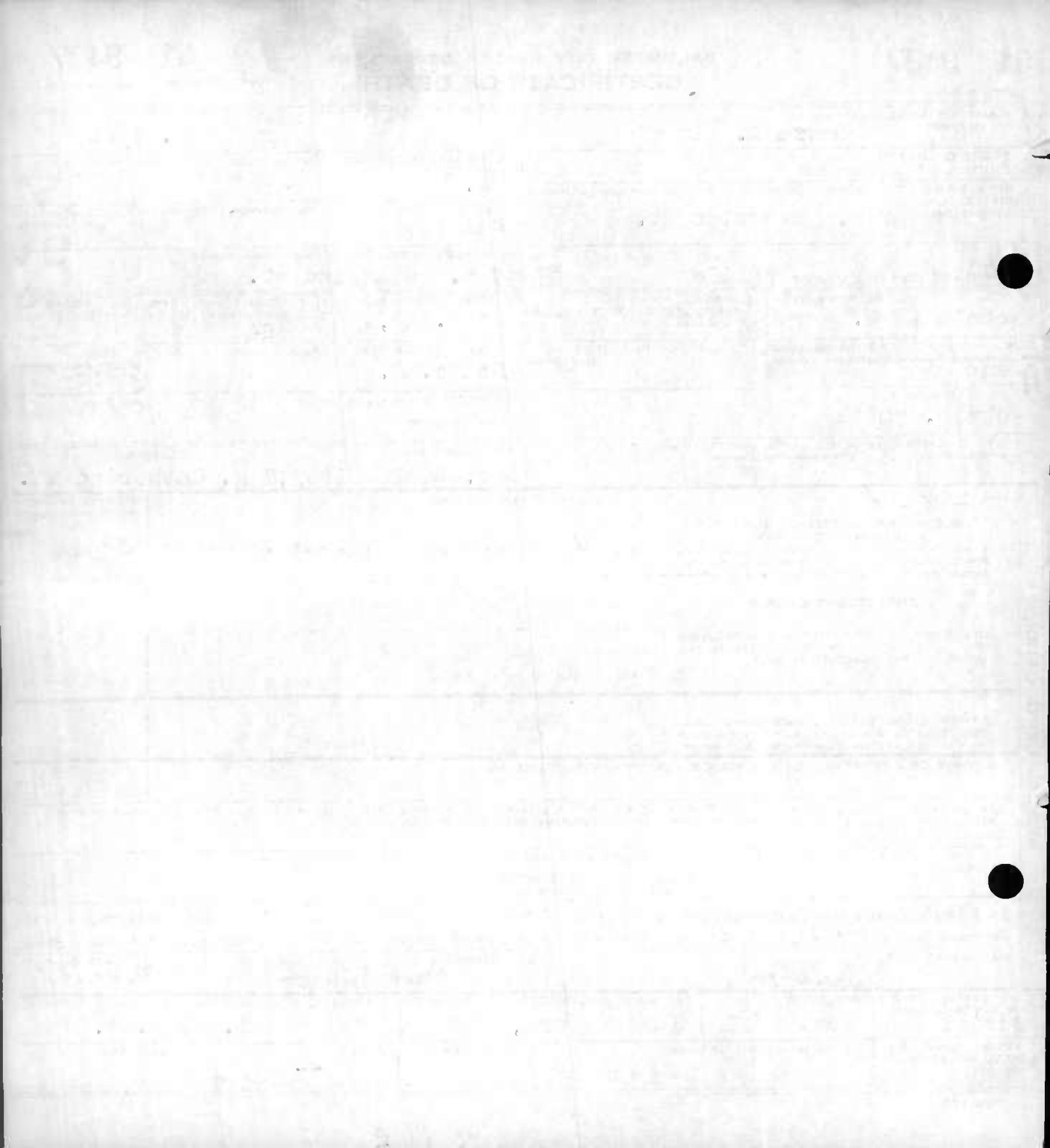
1946

1947



250  
51 9407BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9407  
Registered No.

BIRTH NO.		2. DATE OF DEATH Nov. 1/51	
1. NAME OF DECEASED (Type or Print) Laura V. Dixon		3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 7 N. Catherine St.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		D. STREET ADDRESS (If rural, give location) 7 N. Catherine St.	
5. SEX Female	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Sept. 20, 1867
9. AGE (In years last birthday) 84		10. UNDER 1 Year Months: Days: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Balto. Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John M. Smith		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Maude Kirby, 7 N. Catherine St.		ADDRESS	
18. 443 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Hypertensive Cardiovascular Disease DUE TO (B) (C) INTERVAL BETWEEN ONSET AND DEATH 5 years			
II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from May 6, 1946, to Nov 1, 1951, that I last saw the deceased alive on Oct. 31, 1951, and that death occurred at 2 a.m., from the causes and on the date stated above.			
23A. SIGNATURE Bernard Gyge		23B. ADDRESS 3101 W Baltimore St. M. O.	
23C. DATE SIGNED Nov. 11, 1951			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 3/51	
24C. NAME OF CEMETERY OR CREMATORY Loudon Park, 3801 Frederick Rd. Balto. Md.		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR NOV 1 - 1951		REGISTRAR'S SIGNATURE Harry H. Witzler	
25. FUNERAL DIRECTOR Harry H. Witzler		ADDRESS 4101 Edmondson Ave	



51 9408

51 9408

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 11-1-51BIRTH NO. K-620

1. NAME OF DECEASED (Type or Print) <u>Christine H. Karwacki</u>			2. DATE OF DEATH <u>11-1-51</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Md. Gen. Hosp.</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MD.</u> B. COUNTY <u>Baltimore City</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Maryland General Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
Length of stay in Baltimore <u>50</u> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <u>145 S. Linwood Ave.</u> <u>1-02</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Jan 21, 1901</u>		9. AGE (In years last birthday) <u>50</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13. FATHER'S NAME <u>William Karwacki</u>			14. MOTHER'S MAIDEN NAME <u>Mary Wikarocki</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No.</u>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

18. <u>561.5</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) <u>Intestinal Obstruction</u>		DUE TO		<u>2 days.</u>	
(B) <u>Strangulated post-operative hernia</u>		DUE TO		<u>2 days.</u>	
(C) <u>Nephroses - (Kidney)</u>					
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <u>10-30-51</u>		19B. MAJOR FINDINGS OF OPERATION <u>Gangrene.</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) <u>11-1-51</u>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 10-29 1951, to 11-1, 1951, that I last saw the deceased alive on 11-1, 1951, and that death occurred at 1:15 a. m., from the causes and on the date stated above.

23A. SIGNATURE Frank D. Hauber M. D. 23B. ADDRESS Md. General Hospital 23C. DATE SIGNED 11-1-51

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24B. DATE Nov. 3, 1951 24C. NAME OF CEMETERY OR CREMATORY ST. STANISLAUS 24D. LOCATION (City, town, or county) (State) BALTIMORE MD.

DATE RECEIVED BY LOCAL REGISTRAR NOV 2-1951 REGISTRAR'S SIGNATURE Bernard A. Dabrowski 25. FUNERAL DIRECTOR Bernard A. Dabrowski ADDRESS 2516 E. BALTO ST. BALTO. MD.

10 000

10 000

CERTIFICATE OF DEATH

HELVIK MAKAL

10 000

FOR THE DECEASED

HELVIK MAKAL

10 000

10 000

10 000

10 000

51 9409

51 9409

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. *M-230*1. NAME OF DECEASED  
(Type or Print)*HEDVIK MAKAL*2. DATE  
OF  
DEATH*10-29-1951*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION*944 N. CHAPEL ST*Yrs.  
Mos.  
Days

Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

*MARYLAND*

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

*BALTIMORE*

D. STREET ADDRESS (If rural, give location)

*944 N. CHAPEL ST**7-04*

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years

last birthday)

If Under 1 Year  
Months Days  
If Under 24 Hours  
Hours Min.*FEMALE WHITE WIDOWED**10-17-1865**85*10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY*HOUSEWORK**HOME*

11. BIRTHPLACE (State or foreign country)

*BOHEMIA*12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

*JOSEPH KALENDA*

14. MOTHER'S MAIDEN NAME

*NOT KNOWN*15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.*NONE*

17. INFORMANT

ADDRESS

*EMMA MAKAL 944 N. CHAPEL*

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) *Coronary Thrombosis*  
DUE TO*10/29/51*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) *Chr. Myocarditis*  
DUE TO*1/1/48*(C) *Hypertension Endocarditis*  
DUE TO*1/19/42*II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from *Jan 1, 1948* to *Oct 29, 1951*, that I last saw the  
deceased alive on *Oct 29, 1951*, and that death occurred at *11:00* m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

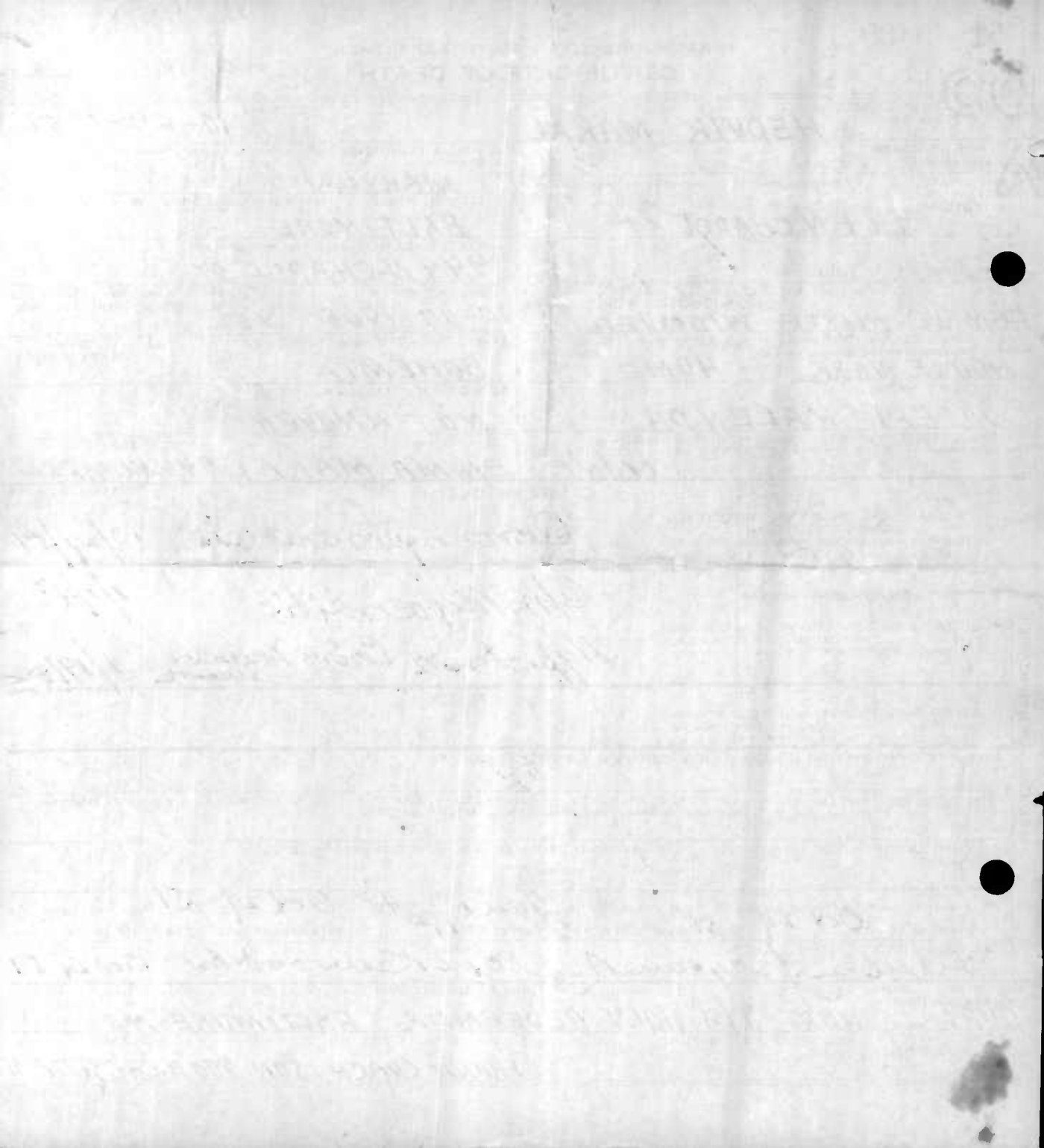
*BURIAL**NOV. 2/51**HOLY REDEEMER**BALTIMORE MD*DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*NOV 2-1951**FRANK CVACH, SON 900 N. CHESTER ST*



340

51 9410

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9410  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>MINNIE A. STEHL.</b>		2. DATE OF DEATH <b>OCTOBER 31 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>BALTIMORE CITY</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>BALTIMORE CITY</b> B. COUNTY <b>20-04</b>	
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR HOSPITAL OR INSTITUTION <b>147 S. WILLARD ST.</b> (location)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE CITY MARYLAND</b>	
Length of stay in Baltimore <b>LIFE</b> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>147 WILLARD STREET. (SOUTH)</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>JANUARY 10, 1867</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Domestic</b>	9. AGE (In years; last birthday) <b>84</b>
11. BIRTHPLACE (State or foreign country) <b>MARYLAND</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>CHARLES F. MEYER</b>		14. MOTHER'S MAIDEN NAME <b>Unknown</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT <b>Robert Meyer</b>		ADDRESS <b>147 S. WILLARD ST.</b>	

18. <b>422.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>APOPLEXY</b> DUE TO <b>OCTOBER 25 1951</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>1951</b>  <b>1951.</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>MYOCARDITIS CHRONIC.</b> DUE TO <b>1951</b>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>ARTERIOR SCLEROSIS.</b> DUE TO <b>1951.</b>		
19A. DATE OF OPERATION <b>NONE</b>		19B. MAJOR FINDINGS OF OPERATION <b>NONE</b>

20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **OCT. 25 1951**, **OCT. 31 1951**, that I last saw the deceased alive on **OCT 31 1951**, and that death occurred at **6 P.M.** m., from the causes and on the date stated above.

23A. SIGNATURE <b>Charles F. Meyer</b> M.D.	23B. ADDRESS <b>3013 ST PAUL STREET.</b>	23C. DATE SIGNED <b>OCT 31.51</b>
---	--	-----------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24B. DATE <b>11-3-51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>LONDON PARK</b>	24D. LOCATION (City, town, or county) (State) <b>BALTIMORE MD.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>NOV 2 1951</b>	REGISTRAR'S SIGNATURE <b>Geo. L. Schwab</b>	25. FUNERAL DIRECTOR ADDRESS <b>2101 FREDERICK AVE</b>	

937



CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age	
4. Date of Death		5. Time of Death		6. Place of Death	
7. Cause of Death		8. Manner of Death		9. Signature of Physician	
10. Signature of Registrar		11. Signature of Coroner		12. Signature of Medical Examiner	
13. Signature of Burial Officer		14. Signature of Undertaker		15. Signature of Cemetery	
16. Signature of Funeral Home		17. Signature of Family		18. Signature of Friends	
19. Signature of Neighbors		20. Signature of Community		21. Signature of Church	
22. Signature of School		23. Signature of Employer		24. Signature of Other	
25. Signature of Other		26. Signature of Other		27. Signature of Other	
28. Signature of Other		29. Signature of Other		30. Signature of Other	
31. Signature of Other		32. Signature of Other		33. Signature of Other	
34. Signature of Other		35. Signature of Other		36. Signature of Other	
37. Signature of Other		38. Signature of Other		39. Signature of Other	
40. Signature of Other		41. Signature of Other		42. Signature of Other	
43. Signature of Other		44. Signature of Other		45. Signature of Other	
46. Signature of Other		47. Signature of Other		48. Signature of Other	
49. Signature of Other		50. Signature of Other		51. Signature of Other	
52. Signature of Other		53. Signature of Other		54. Signature of Other	
55. Signature of Other		56. Signature of Other		57. Signature of Other	
58. Signature of Other		59. Signature of Other		60. Signature of Other	
61. Signature of Other		62. Signature of Other		63. Signature of Other	
64. Signature of Other		65. Signature of Other		66. Signature of Other	
67. Signature of Other		68. Signature of Other		69. Signature of Other	
70. Signature of Other		71. Signature of Other		72. Signature of Other	
73. Signature of Other		74. Signature of Other		75. Signature of Other	
76. Signature of Other		77. Signature of Other		78. Signature of Other	
79. Signature of Other		80. Signature of Other		81. Signature of Other	
82. Signature of Other		83. Signature of Other		84. Signature of Other	
85. Signature of Other		86. Signature of Other		87. Signature of Other	
88. Signature of Other		89. Signature of Other		90. Signature of Other	
91. Signature of Other		92. Signature of Other		93. Signature of Other	
94. Signature of Other		95. Signature of Other		96. Signature of Other	
97. Signature of Other		98. Signature of Other		99. Signature of Other	
100. Signature of Other		101. Signature of Other		102. Signature of Other	

51 9411

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9411

Registered No.

BIRTH NO. 51-16811

1. NAME OF DECEASED  
(Type or Print)

Baby Boy Myers

2. DATE  
OF  
DEATH

July 25, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

The Johns Hopkins Hospital

Yrs.  
Mos.  
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE before admission)  
B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

235 N. Durham Street - 31

5. SEX

male

6. COLOR OR RACE

negro

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
single

8. DATE OF BIRTH

7/24/51

9. AGE (In years  
last birthday) If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours Min.

22 25

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)  
infant10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Walker Sterling

14. MOTHER'S MAIDEN NAME

Lorraine Myers

(J.H.H. #205992)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)  
No.16. SOCIAL  
SECURITY NO.

17. INFORMANT

Hospital Records

ADDRESS

18. 776 X

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)(A) .....  
DUE TOPrematurity  
Premature Onset of Labor

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) .....  
DUE TO  
(C) .....II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/24/51, 1951, to 7/25, 1951, that I last saw the  
deceased alive on 7/25, 1951, and that death occurred at 2:05 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert E. L. Nesbitt

M. D.

23B. ADDRESS

The Johns Hopkins Hospital

23C. DATE SIGNED

10/18/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

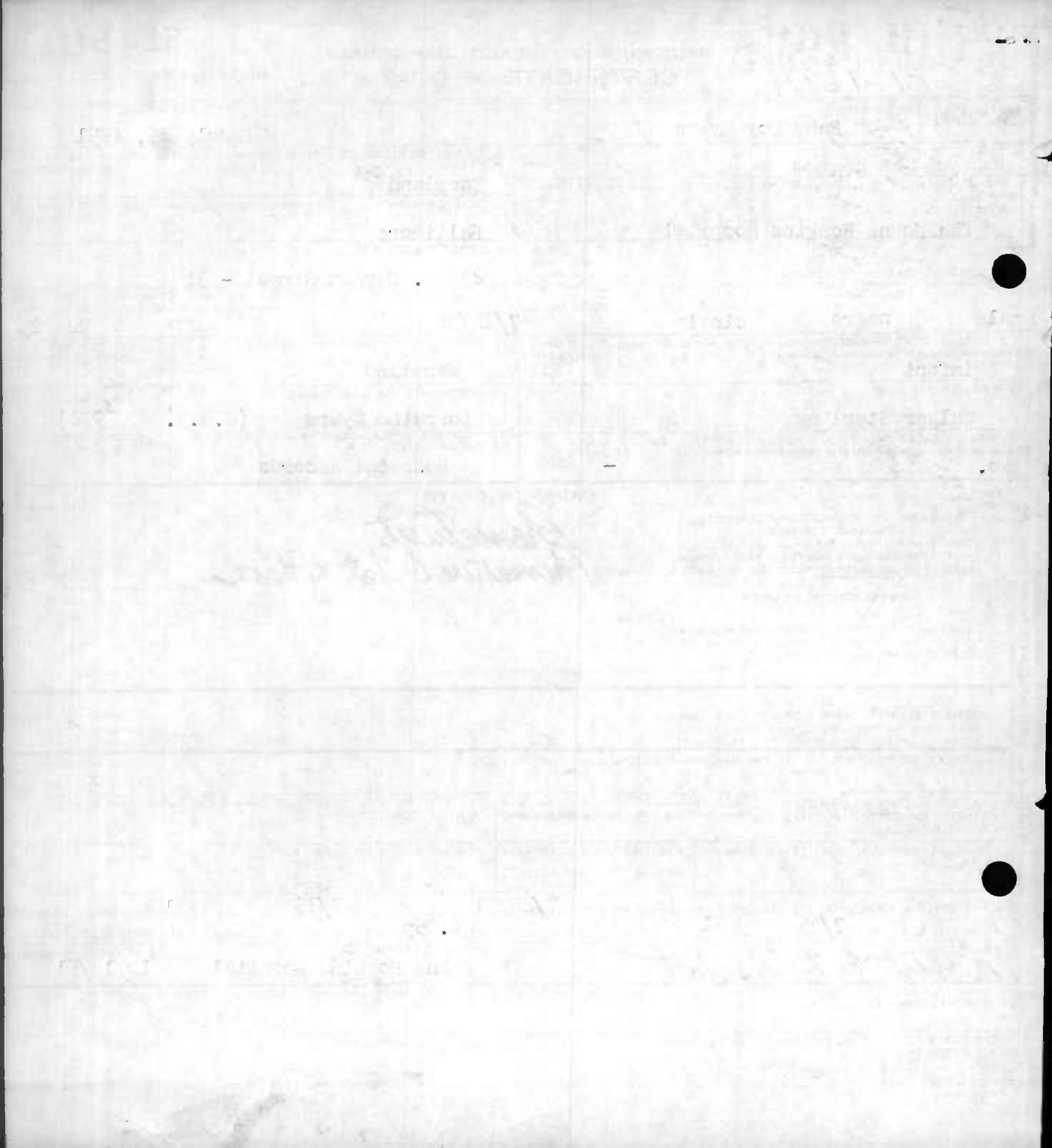
25. FUNERAL DIRECTOR

ADDRESS

NOV 2 - 1951

VS 150

159



51 9412

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0412

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

REBECCA SOBOL

2. DATE  
OF  
DEATH

11-1-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

3917 Bedardale Road Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

Md

15-11

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

D. STREET ADDRESS (If rural, give location)

3917 Bedardale Road

C. Length of stay in Baltimore

30

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Russia

9. AGE (in years  
last birthday)

59

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Michael

14. MOTHER'S MAIDEN NAME

Sarah

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

Louis Sobol -

ADDRESS

Home

18. 170x I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

SARCOMA (MAMMARY)  
GLANDINTERVAL BETWEEN  
ONSET AND DEATH

18 months

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

Metastasis To Left Hip

8 months

(C) DUE TO

Generalized Metastasis

4 months

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1950, to Nov. 1st, 1951, that I last saw the  
deceased alive on Oct 30, 1951, and that death occurred at 8:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Alex A. Weinstock

M. O.

23B. ADDRESS

4603 Park Hts Ave

23C. DATE SIGNED

11-1-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

11-2-51

24C. NAME OF CEMETERY OR CREMATORY

Mt Carmel

24D. LOCATION (City, town, or county)

Balto

(State)

Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams, Jr.

25. FUNERAL DIRECTOR

Jack Lewinche 2100 East Ave

ADDRESS

Newstoe 10  
4603 Park Heights

---

h 5390

5-8-

51 9413

PARRISH

51 9413

## BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

William Thomas Parrish

2. DATE  
OF  
DEATH

Nov 1 - 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2900 Linden Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

5. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-02

D. STREET ADDRESS (If rural, give location)

2900 Linden Ave.

Length of stay in Baltimore

80 yrs

5. SEX

m

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Feb. 28 - 1871

9. AGE (In years  
last birthday)

80

If Under 1 Year  
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Plumber

10B. KIND OF BUSINESS OR  
INDUSTRY

Retired

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF  
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

William Parrish

14. MOTHER'S MAIDEN NAME

Sarah Elizabeth Wiley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

no

16. SOCIAL  
SECURITY NO.

217-16-4800

17. INFORMANT

Paul T. Parrish

ADDRESS

2900 Linden Ave

18. 470.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Coronary Thrombosis

10-30-51

## ANTECEDENT CAUSES

DUE TO

(B)

Chr. Myocarditis

1945

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

Chr. Interstitial Nephritis

1945

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

22. I hereby certify that I attended the deceased from May 6, 1948, to Nov 1, 1951, that I last saw the deceased alive on Nov 1, 1951, and that death occurred at 6:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Paul T. Parrish

23B. ADDRESS

M. D.

3602 Liberty Heights Av.

23C. DATE SIGNED

11-1-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

11/5/1951

Baltimore Lem.

East North ave, Balto, Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

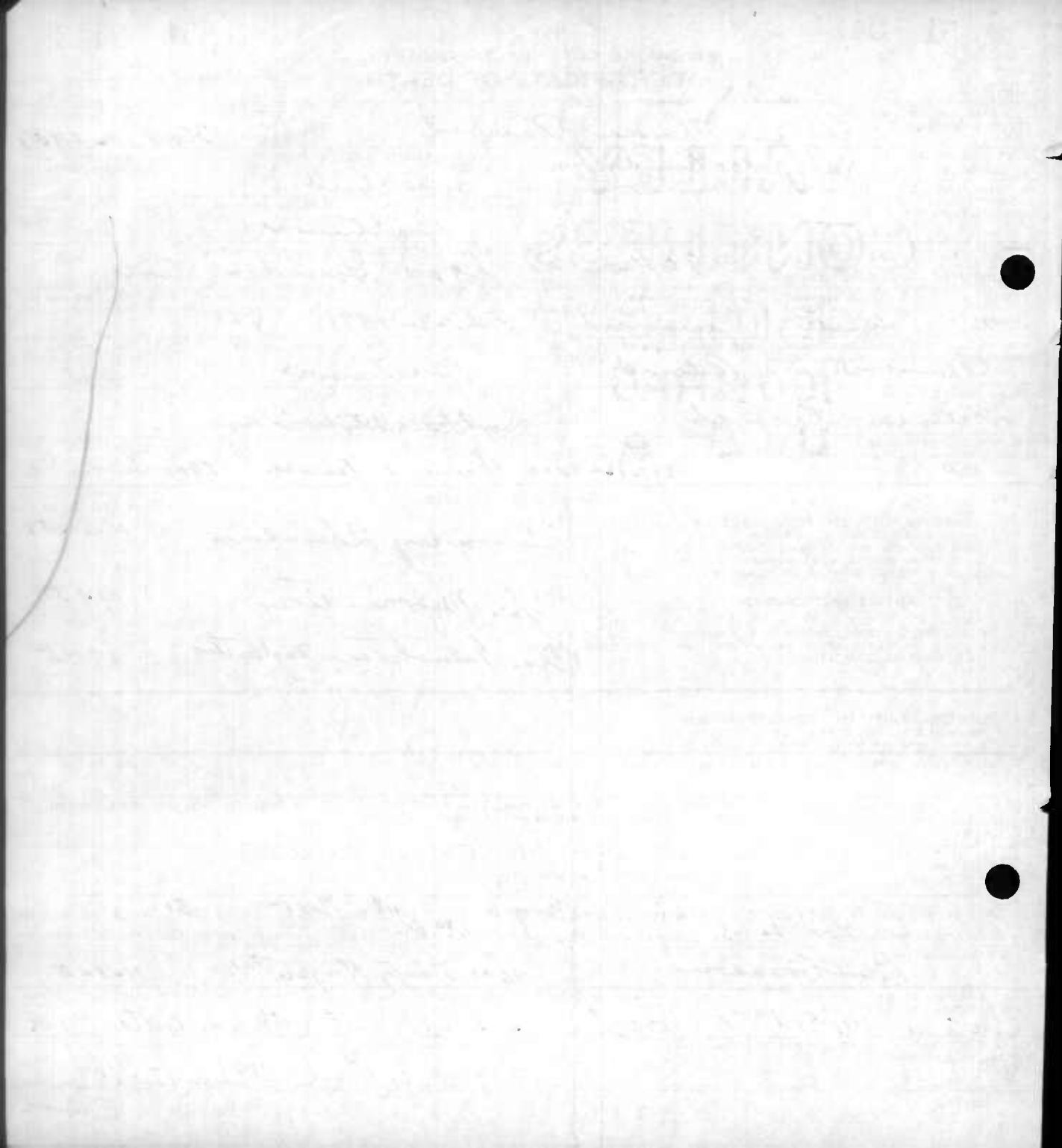
25. FUNERAL DIRECTOR

ADDRESS

NOV 2 - 1951

Huntington Williams, M.D.

Howard A. Gill, 319 Dun/Elis Rd





635  
51 9414BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9414

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

George Edward Gardner

2. DATE  
OF  
DEATH

Oct 31-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

Hood Nursing Home

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE

Maryland

B. COUNTY

Balto

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Pikesville

D. STREET ADDRESS (If rural, give location)

9 Old Court Road

5300

Length of stay in Baltimore

3440

Yrs.  
Moor  
Days

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

5/11/1874

9. AGE (In years last birthday)

77

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer Road Dept

10B. KIND OF BUSINESS OR INDUSTRY

Balto County

11. BIRTHPLACE (State or foreign country)

Baltimore Co. Md

12. CITIZEN OF WHAT COUNTRY?

U.S.-A.

13. FATHER'S NAME

George E. Gardner

14. MOTHER'S MAIDEN NAME

Eleanor Blakeley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

Joseph Gardner - Pikesville 8. Md

ADDRESS

18. 422.1 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Cerebral Arterio Sclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Chr Degeneration C. V. D. 14 years

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

22. I hereby certify that I attended the deceased from 10-1, 1951, to 10-31, 1951 that I last saw the deceased alive on 10-31, 1951, and that death occurred at 8:15 m., from the causes and on the date stated above.

23A. SIGNATURE

George E. Gardner

23B. ADDRESS

Pikesville

23C. DATE SIGNED

11-2

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Nov 2-51

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county) (State)

Pikesville - Md

DATE RECEIVED BY LOCAL REGISTRAR

NOV 2-1951

REGISTRAR'S SIGNATURE

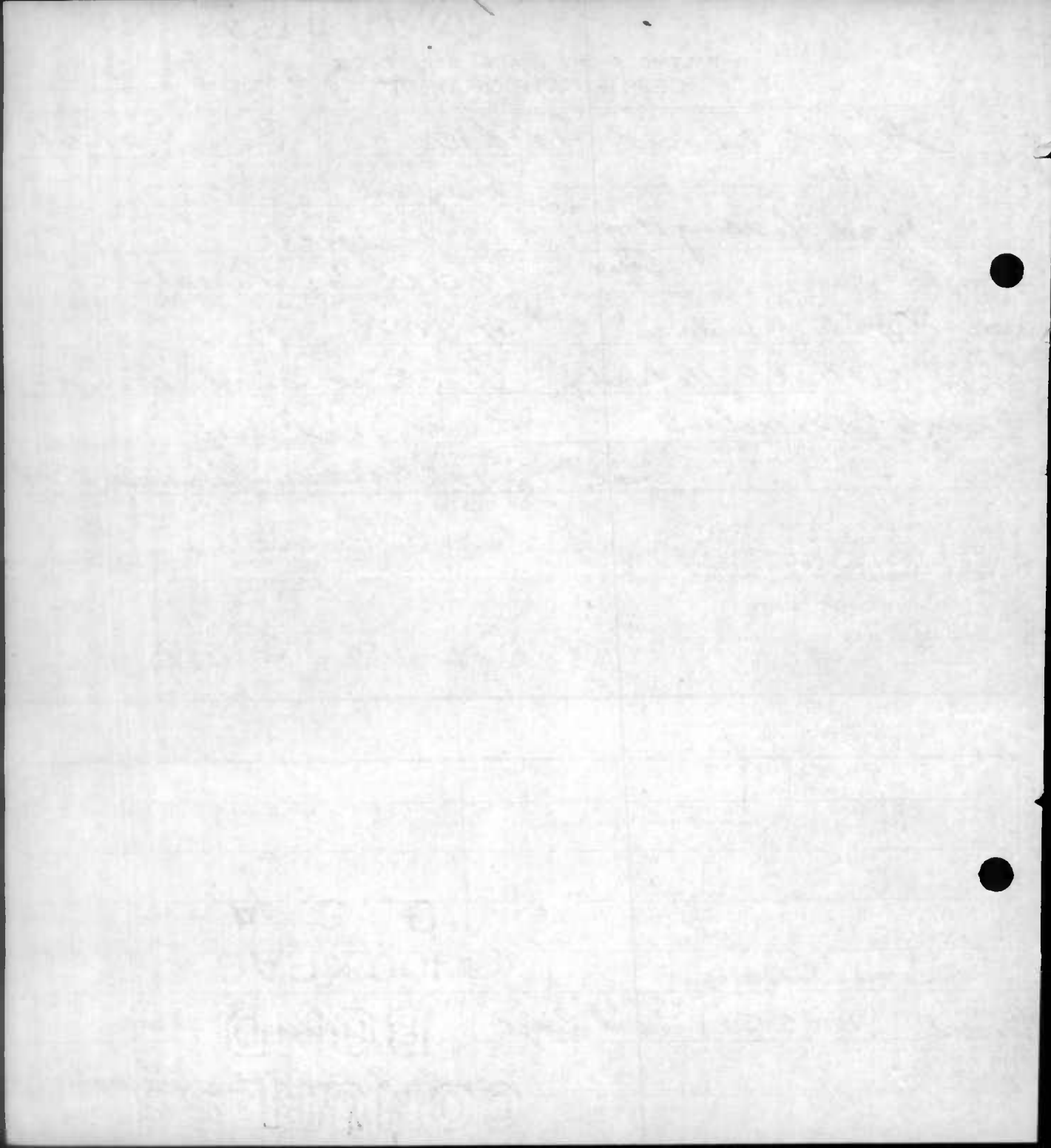
Lutington Williams, Jr.

25. FUNERAL DIRECTOR

Charles H. Newell, Pikesville

ADDRESS

Pikesville Md.



51 9415

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

51 9415

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

GEORGE HENRY ZINK

2. DATE  
OF  
DEATH

Oct. 30, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

4620 Walther Blvd.

Yrs.  
Mos.  
Days

Length of stay in Baltimore

Life

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR  
INDUSTRY

Hardware

13. FATHER'S NAME

John G. Zink

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

yes

W.W.2

16. SOCIAL  
SECURITY NO.

212-10-7158

8. DATE OF BIRTH

April 25, 1890

9. AGE (In years  
last birthday)

61

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Anna Gohlinghorst

17. INFORMANT 4620 Walther Blvd. Address 14  
Mrs. Esther E. Zink

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(A) DUE TO  
(B) DUE TO  
(C) DUE TOCoronary Occlusion  
↓  
Ventricular StenosisINTERVAL BETWEEN  
ONSET AND DEATH

10/24/51

10/30/51

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐  
WORKNOT WHILE ☐  
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1949, 19 to 10/30/51, 19, that I last saw the  
deceased alive on 10/30/51, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Esther E. Zink

M. D.

23B. ADDRESS

4331 Harford Rd. Baltimore, Md.

23C. DATE SIGNED

10/31/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

burial

24B. DATE

11/2/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

NOV 2 - 1951

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

HENRY SANDER &amp; SONS, INC.

BALTO., 13, MD.

ADDRESS

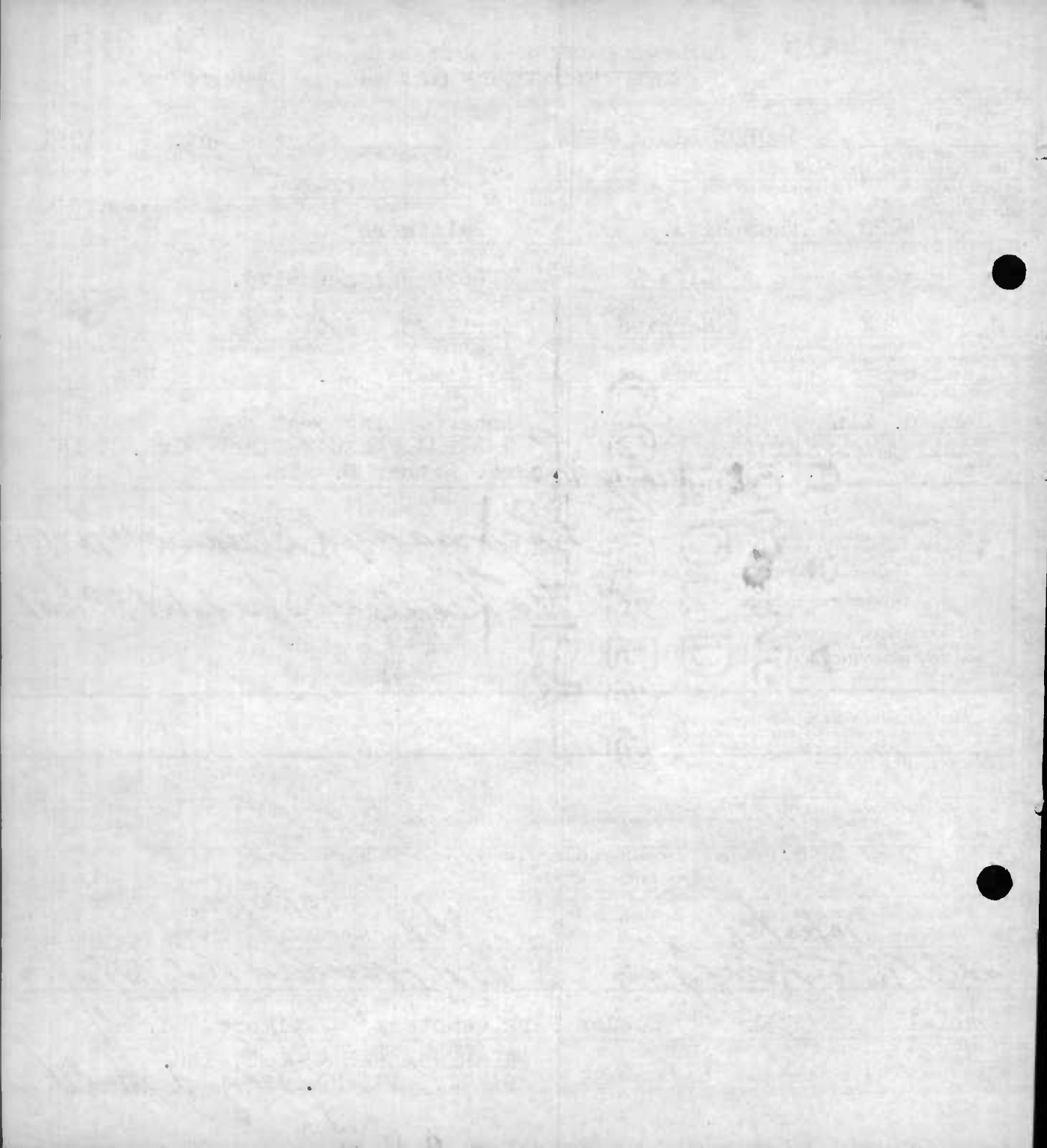
Denz J. Sander

VS 150

4906N

94a

MEDICAL CERTIFICATION



51 9416

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9416

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MARY E. BALLMAN

2. DATE  
OF  
DEATH

10-31-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

UNIVERSITY HOSP

4. USUAL RESIDENCE (Where deceased lived, If institution: residence  
A. STATE B. COUNTY before admission)

Md

Ann Arundel

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Shirley Hts

5200

D. STREET ADDRESS (If rural, give location)

Box #6

Andover RD.

Length of stay in Baltimore

69

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

12-20-1881

9. AGE (In years  
last birthday)

69

If Under 1 Year  
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MD

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Francis Osheski

14. MOTHER'S MAIDEN NAME

MINNIE ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

Son (Wm) 3618 5th St Brooklyn

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

(A) Cardio-Resp. FAILURE

A HRS

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Uremic Acidosis

1-8 days

DUE TO

(C) NOT KNOWN

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from 10-30, 1951 to 10-31, 1951 that I last saw the  
deceased alive on 10-31, 1951, and that death occurred at 1:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

R.S. Mossen

23B. ADDRESS

University Hosp

23C. DATE SIGNED

10-31-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

11/3/51

24C. NAME OF CEMETERY OR CREMATORY

HOLY CROSS

24D. LOCATION (City, town, or county)

RITCHIE HWY

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

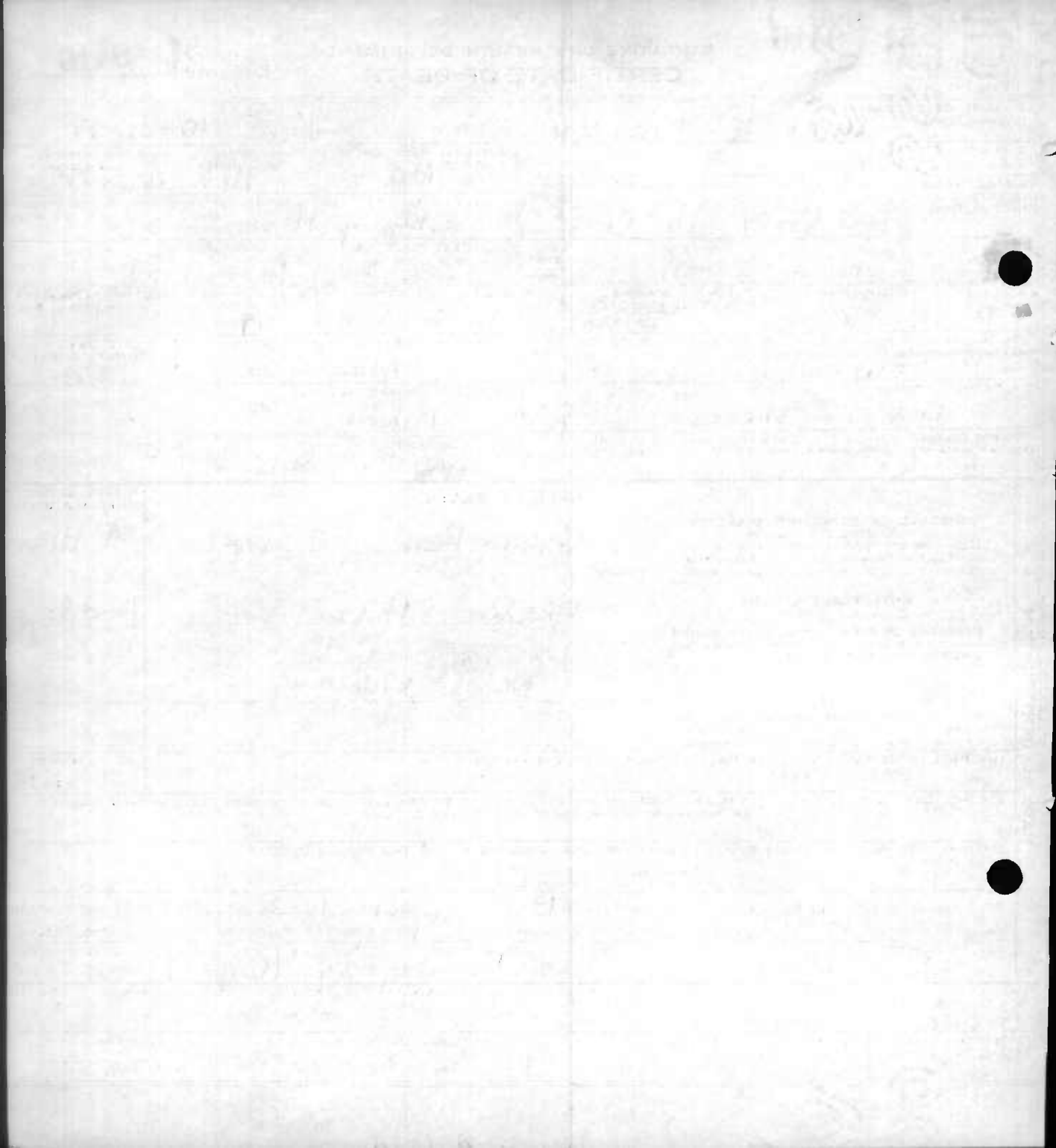
REGISTRAR'S SIGNATURE

Washington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

JOHN F. DENNY, INC 715 LGAT ST





300  
51 9417

51 9417

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

FREDERICK C. TOTH

2. DATE  
OF  
DEATH

11-1-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore Md.

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Franklin Sq. Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 28-02

D. STREET ADDRESS (If rural, give location)

5517 Stonington Ave

Yrs.  
Mos.  
Days

Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

M

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

tailor

10B. KIND OF BUSINESS OR INDUSTRY

tailoring

8. DATE OF BIRTH

1-2-1892

9. AGE (In years last birthday)

59

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF

WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Emrich Toth

14. MOTHER'S MAIDEN NAME

Clara Mashler

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL

SECURITY NO.  
216-09-7624

17. INFORMANT

ADDRESS

Mrs. Helen M. Toth-5517 Stonington Ave

18. 331X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Hemorrhage

10 days

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Arteriosclerosis

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-22-1951, to 11-1-1951, that I last saw the deceased alive on 11-1-1951, and that death occurred at 1-45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

Franklin Sq. Hospital

11-1-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

11/5/51

Lorraine Cem.

Balto., Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, Md.

J. J. Vickers &amp; Sons

NOV 2 1951

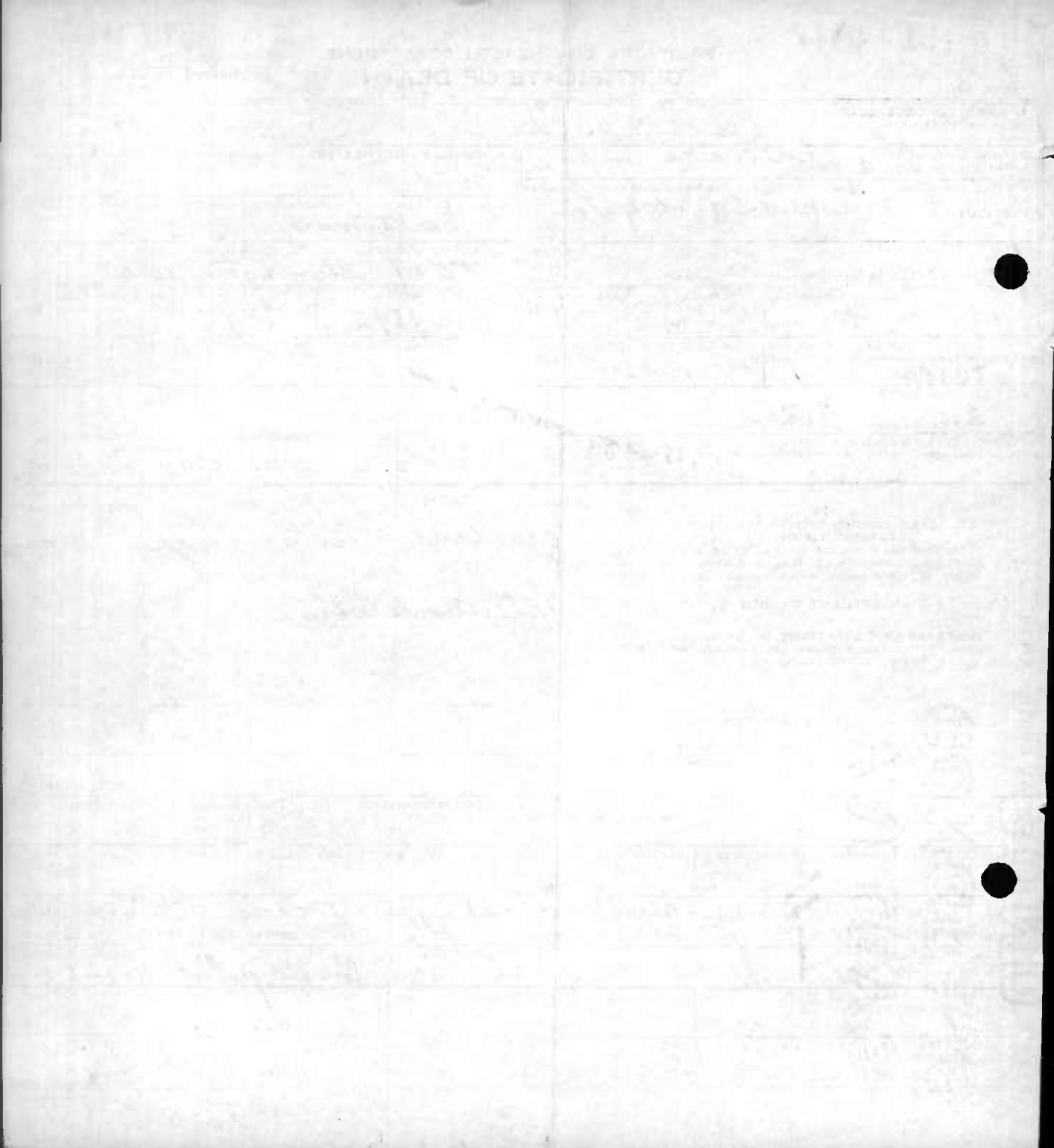
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59046

83a Balto 17, Md.

MEDICAL CERTIFICATION

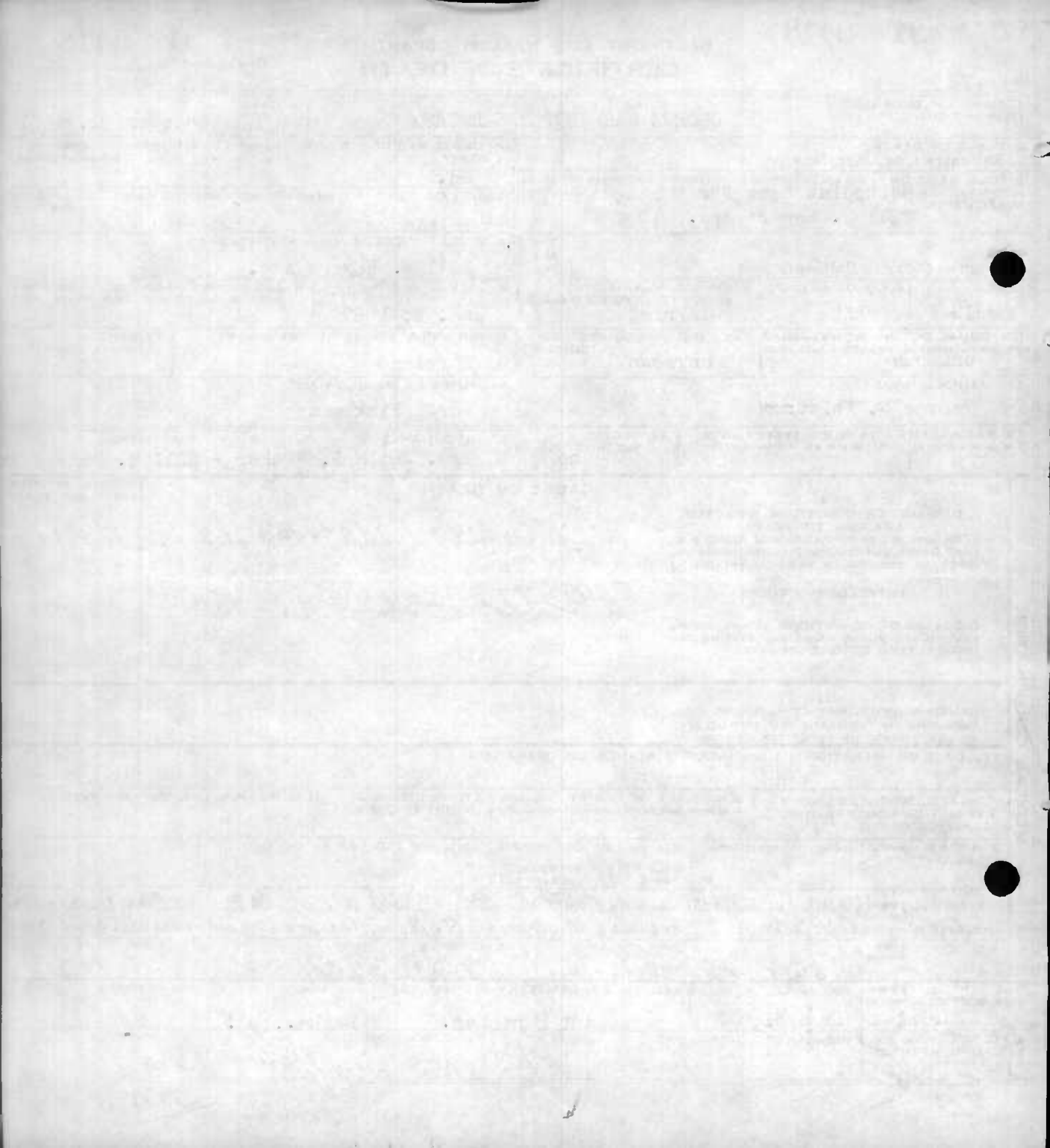




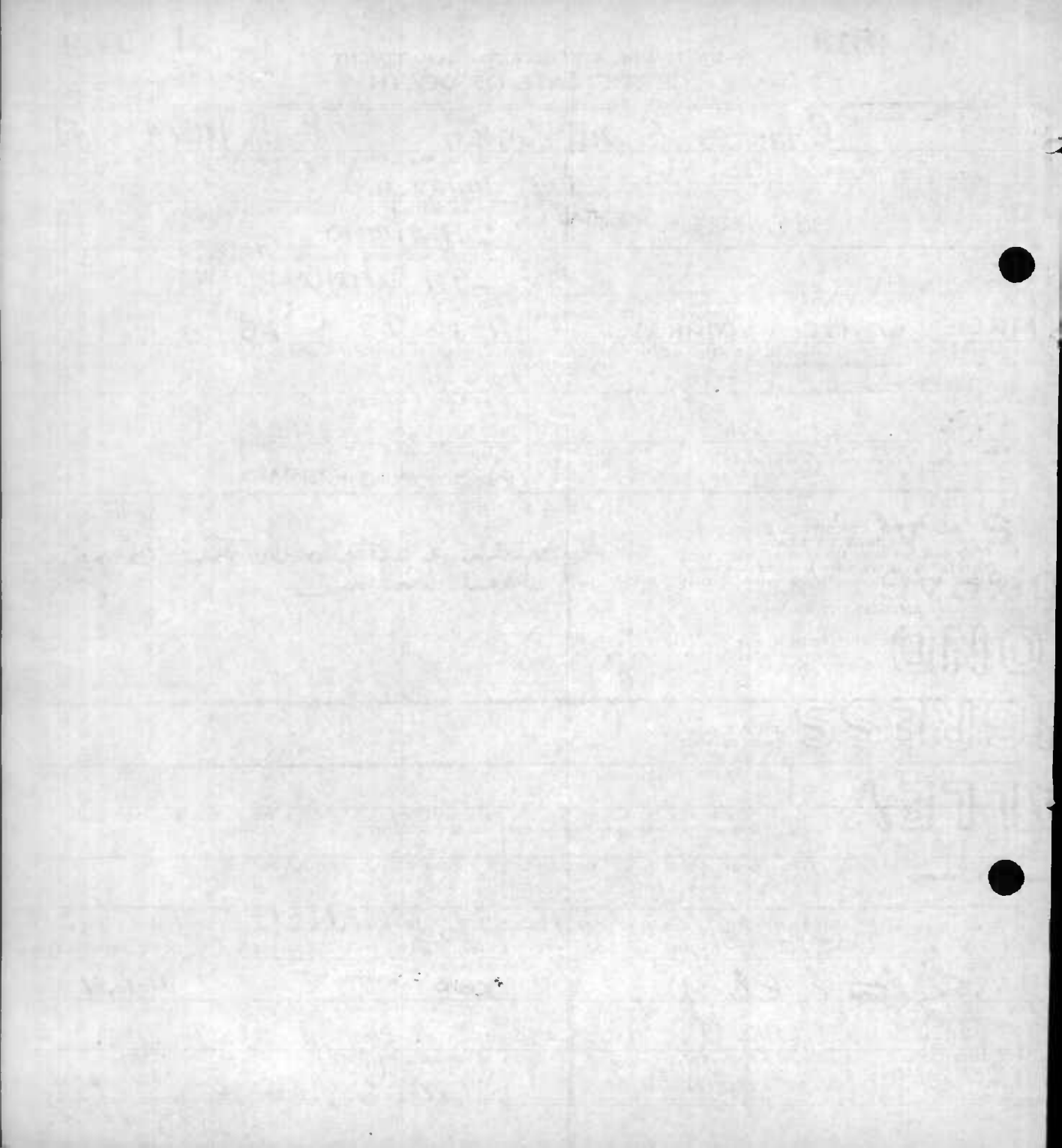
51 9418

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9418  
Registered No.

BIRTH NO.		2. DATE OF DEATH October 31, 1951		
1. NAME OF DECEASED (Type or Print) GEORGE WASHINGTON WALSTRUM		2. DATE OF DEATH October 31, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Methodist Home for the Aged 2211 W. Rogers Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-15		
6. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2211 W. Rogers Ave.		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 3, 1867	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown		10B. KIND OF BUSINESS OR INDUSTRY unknown	9. AGE (In years last birthday) 84	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME George W. Walstrum		14. MOTHER'S MAIDEN NAME Sarah Winkleman		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. no		
17. INFORMANT Mrs. Mamie B. Fisher - 2211 W. Rogers Ave.		ADDRESS		
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 420.1 CORONARY THROMBOSIS. DUE TO ANTECEDENT CAUSES ARTERIO SCLEROSIS DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. II				INTERVAL BETWEEN ONSET AND DEATH 6 hrs. 20 yrs.
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from Oct 3, 1957, to Oct 20, 1951, that I last saw the deceased alive on Oct 30, 1951, and that death occurred at 9. A. m., from the causes and on the date stated above.				
23A. SIGNATURE Arthur J. Davis M. D.		23B. ADDRESS 800 N 32nd St		
23C. DATE SIGNED 11-1-51				
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/2/51		
24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.		24D. LOCATION (City, town, or county) (State) Balto., Md.		
DATE RECEIVED BY LOCAL REGISTRAR NOV 2 - 1951		REGISTRAR'S SIGNATURE Thurston Williams, M.D.		
VS 150		25. FUNERAL DIRECTOR Wm. J. Pickner & Sons Balto 17, Md. 94a		



321		51 9419		BALTIMORE CITY HEALTH DEPARTMENT		51 9419	
BIRTH NO.				CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print)				2. DATE OF DEATH			
CHARLES Swatzbaugh				NOV 1, 1951			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
OSL-6				A. STATE MARYLAND		B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
JOHNS HOPKINS HOSPITAL				BALTIMORE		1547	
C. Length of stay in Baltimore				D. STREET ADDRESS (If rural, give location)			
Yrs. Mos. Days				2911 WINDSOR AVE.			
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
MALE		white		MARRIED		7-16-73	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		9. AGE (In years last birthday)	
Machinist		P. R. R.		Maryland		78	
13. FATHER'S NAME				12. CITIZEN OF WHAT COUNTRY?			
John W. Swatzbaugh				Patricia Yingling			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT		ADDRESS	
				JOHNS HOPKINS HOSPITAL			
18. 470.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) Hypertensive arteriosclerosis				heart disease		5 yrs.	
ANTECEDENT CAUSES				(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 10-29-1951, to 11-1-1951, that I last saw the deceased alive on 11-1-1951, and that death occurred at 3:30 A.M., from the causes and on the date stated above.							
23A. SIGNATURE				23B. ADDRESS		23C. DATE SIGNED	
Leighton E. Cluff				JOHNS HOPKINS		11-1-51	
24A. BURIAL, REMOTION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
Burial		11/3/51		Meadowridge Mem. Ph		Elkridge, Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR		ADDRESS	
NOV 2 - 1951		Leighton Williams, M.D.		Wm. J. Lickner & Sons		935 Balto Md	



452

51 9420

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9420

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

VIRGINIA DAY WILLIAMS

2. DATE OF DEATH Oct. 31, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION 115 E. Melrose Ave.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 15-13D. STREET ADDRESS (If rural, give location)  
2472 Shirley Ave.

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. Under 1 Year

11. Under 24 Hours

female white

single

Sept. 5, 1873

78

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

never worked

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

Maryland

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

John P. Williams

Virginia Day

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS Rd.

Mrs. Homer Shaffer-308 Cedar Croft

18. 416X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

2 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Generalized Arteriosclerosis

5 years

(C)

Chronic Rheumatic Heart Disease

20 years

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from Jan 19<sup>77</sup> to Oct 31, 1951, that I last saw the deceased alive on Oct 30, 1951, and that death occurred at 11<sup>30</sup> A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

William F. Pearce

M. D.

2405 N Charles St

Nov 1, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

11/3/51

Loudon Park Cem.

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 2 - 1951

Wm. J. Tichner &amp; Sons

VS 150

9513 Balto 17, Md.

MEDICAL CERTIFICATION

VALLEY

COMING

END



51 9421

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9421

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Harvey Grant Beck

2. DATE  
OF  
DEATH

Oct 30 - 51

3. PLACE OF DEATH:

A. Baltimore City, Maryland 100 E 23rd St

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Beck's Diagnostic Clinic

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

215 Northway Guilford Baltimore

D. STREET ADDRESS (If rural, give location)

215 Northway Guilford Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

Yrs.  
Mos.  
Days

length of stay in Baltimore

50

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

physician

13. FATHER'S NAME

John F. Beck

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Katherine C. Beck - 215 Northway

18. 450.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Uraemia

DUE TO

6 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Gouty Arthritis

DUE TO

2 weeks

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Chr. Arteriosclerosis.

Indefinite

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Oct 15, 1951 to Oct 30, 1951 that I last saw the deceased alive on Oct 30, 1951, and that death occurred at 3:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Walter M. Beck

M. D.

100 E. 23rd St Baltimore Oct 30, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11/3/51

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Maus

24D. LOCATION (City, town, or county)

Woodlawn Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 2 - 1951

Walter M. Beck

Wm. J. Schenck

Baltimore 17, Md. 97

CERTIFICATE OF DEATH

1910

1910

1910

1910

1910

1910

1910

1910

1910

1910

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 9422  
Registered No.

51-9422  
BIRTH NO. 51-26226

1. NAME OF DECEASED (Type or Print) <b>Baby Girl Smith</b>			2. DATE OF DEATH <b>November 1, 1951</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY <b>Baltimore</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Agnes Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore - Rogers Forge</b>		
D. STREET ADDRESS (If rural, give location) <b>110 Regester Ave. #12</b>			E. LENGTH OF STAY IN BALTIMORE <b>5300</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>11/1/51</b>		9. AGE (in years last birthday) <b>4</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
13. FATHER'S NAME <b>Raymond J. Smith, Jr.</b>			14. MOTHER'S MAIDEN NAME <b>Eleanor K. McDonnell</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>-</b>		16. SOCIAL SECURITY NO.		17. INFORMANT <b>Mr. J. Raymond Smith, Sr.</b>	
				ADDRESS <b>heim Rd - 246 Glen</b>	

18. <b>760.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  <b>LECTASIS</b> (A) <b>due to Bilateral (Lungs)</b>  (B) <b>Birth</b>  (C) <b>Possible Brain injury</b>	CAUSE OF DEATH <b>LECTASIS</b>  INTERVAL BETWEEN ONSET AND DEATH <b>4 hours</b>
--	--

**II**  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) <b>11/2/51</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Nov 1, 1951** to **Nov 1, 1951** that I last saw the deceased alive on **Nov 1, 1951** and that death occurred at **12:30 pm**, from the causes and on the date stated above.

23A. SIGNATURE **Thomas S. Brown M.D.** 23B. ADDRESS **221 Reed Arts Bldg** 23C. DATE, SIGNED **11/1/51**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **11/2/51** 24C. NAME OF CEMETERY OR CREMATORY **New Cathedral Cem** 24D. LOCATION (City, town, or county) (State) **Balto., Md.**

DATE RECEIVED BY LOCAL REGISTRAR **NOV 2 - 1951** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** 25. FUNERAL DIRECTOR **Wm. F. Pickner & Sons** ADDRESS

**660a Balto 17, Md.**



435 51 9423

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9423

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Emma Louisa Bouldin

2. DATE  
OF  
DEATH

Oct. 31-1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
before admission)

A. STATE

B. COUNTY

Maryland.

b. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTIONc. CITY OR TOWN (If outside corporate limits, write RURAL, and give  
township)

Baltimore 5-01

d. Length of stay in Baltimore

life

Yrs.  
Mos.  
Days

e. STREET ADDRESS (If rural, give location)

1425-E. Jefferson St.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

None.

10B. KIND OF BUSINESS OR  
INDUSTRY

widowed

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

H. L. Johnson

14. MOTHER'S MAIDEN NAME

W. K.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mary Williams 1425-E. Jefferson St.

18. 442X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Chronic Cardio-renal Vascular Disease  
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN  
ONSET AND DEATH

3 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 28, 1951, to October 31, 1951, that I last saw the  
deceased alive on Oct. 31, 1951, and that death occurred at 8 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Wm. D. Remy

M. O.

23B. ADDRESS

1420 E. Chase

23C. DATE SIGNED

11.1.51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Nov. 3-1951

Arbutus Mtn. Park

Arbutus

Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 2-1951

Huntington Williams

Holland Funeral Home 131a

1631. Druid Hill Ave.

17-11-11  
[Faint, mostly illegible text follows, appearing to be a series of lines or a list. Some words like "and", "the", "of" are visible.]



51-9424

## MARYLAND STATE DEPARTMENT OF HEALTH

51 9424

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

1. PLACE OF DEATH- CITY <u>Baltimore</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>md</u> COUNTY <u>9-87</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Patonsville</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Baltimore City</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>50 Hood Nursing Home</u>		STREET ADDRESS (If rural, give location) <u>2710 Alameda Blvd</u>	
NAME OF DECEASED (Type or Print) <u>George Hugo Oppmann</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 31 1951</u>	
SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Dec 6, 1869</u>
9. AGE last birthday <u>81</u> yrs.	10. KIND OF BUSINESS OR INDUSTRY <u>Chauffeur</u>	11. BIRTHPLACE (State or foreign country) <u>Baltimore Md</u>	12. CITIZEN OF WHAT COUNTRY? <u></u>
FATHER'S NAME <u>George H. Oppmann</u>		14. MOTHER'S MAIDEN NAME <u>Mary S. Frei</u>	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) <u></u> (If year, give war or dates of service) <u></u>		16. SOCIAL SECURITY No. <u></u>	
17. INFORMANT AND ADDRESS <u>Rosa Oppmann 3915 Overlea Ave</u>			

151X 18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 Months</u>
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
(a) Immediate cause <u>General Carcinomatosis</u>		
(b) Antecedent cause(s) <u>Carcinoma of Stomach</u>		
(c) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		
OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION <u></u>	19b. MAJOR FINDINGS OF OPERATION <u></u>	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>	PLACE (Home, farm, factory, street, OF office bldg., etc.) <u></u>	(CITY OR TOWN) (COUNTY) (STATE)
22. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u></u>	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR? <u></u>

2. I hereby certify that I attended the deceased from April 10, 1957, to Oct 31, 1951, that I last saw the deceased alive on Oct 28, 1957, and that death occurred at 3:45 p.m., from the causes and on the date stated above.

SIGNATURE <u>John W. Johnson MD</u>	(Degree or title)	ADDRESS <u>3437 Inwood Ave</u>	DATE SIGNED <u>11/1/57</u>
3. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>Nov. 3-1951</u>	NAME OF CEMETERY OR CREMATORY <u>Baltimore</u>	LOCATION (City, town, or county) (State) <u>Balto City md</u>
DATE REC'D BY LOCAL REG. <u>NOV 2-1951</u>	REGISTRAR'S SIGNATURE <u>W. H. Williams, Jr.</u>	24. FUNERAL DIRECTOR <u>Mr. Mrs. John H. Seufel &amp; Son</u>	ADDRESS <u>5311 46B Edmondson Ave</u>





36 51 9425

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9425  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JOHN C.

ANDREADAKIS  
ANDREADITIS2. DATE  
OF  
DEATH

October 30, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Johns Hopkins Hospital

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Steel Worker

10B. KIND OF BUSINESS OR  
INDUSTRY

13. FATHER'S NAME

Constantine

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

213-0-90722

17. INFORMANT

ADDRESS

18. 241X and E 916.0 CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Chronic asthma

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Pulmonary fibrosis

(C) Terminal pneumonia

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.oil stove  
Pulmonary irritation due to explosion of

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☒ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

108 S. Ellwood Avenue

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

October 24, 1951

? m.

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Inhaled fumes when oil stove exploded

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐  
ASSISTANT MEDICAL EXAMINER ☒  
M.D. MEDICAL INVESTIGATOR ☒

23C. DATE SIGNED

Oct. 31, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

11/1/51

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town, or county)

Balto. Co., Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

NOV 2 - 1951

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Lambros, Inc.-440 E. North Ave.

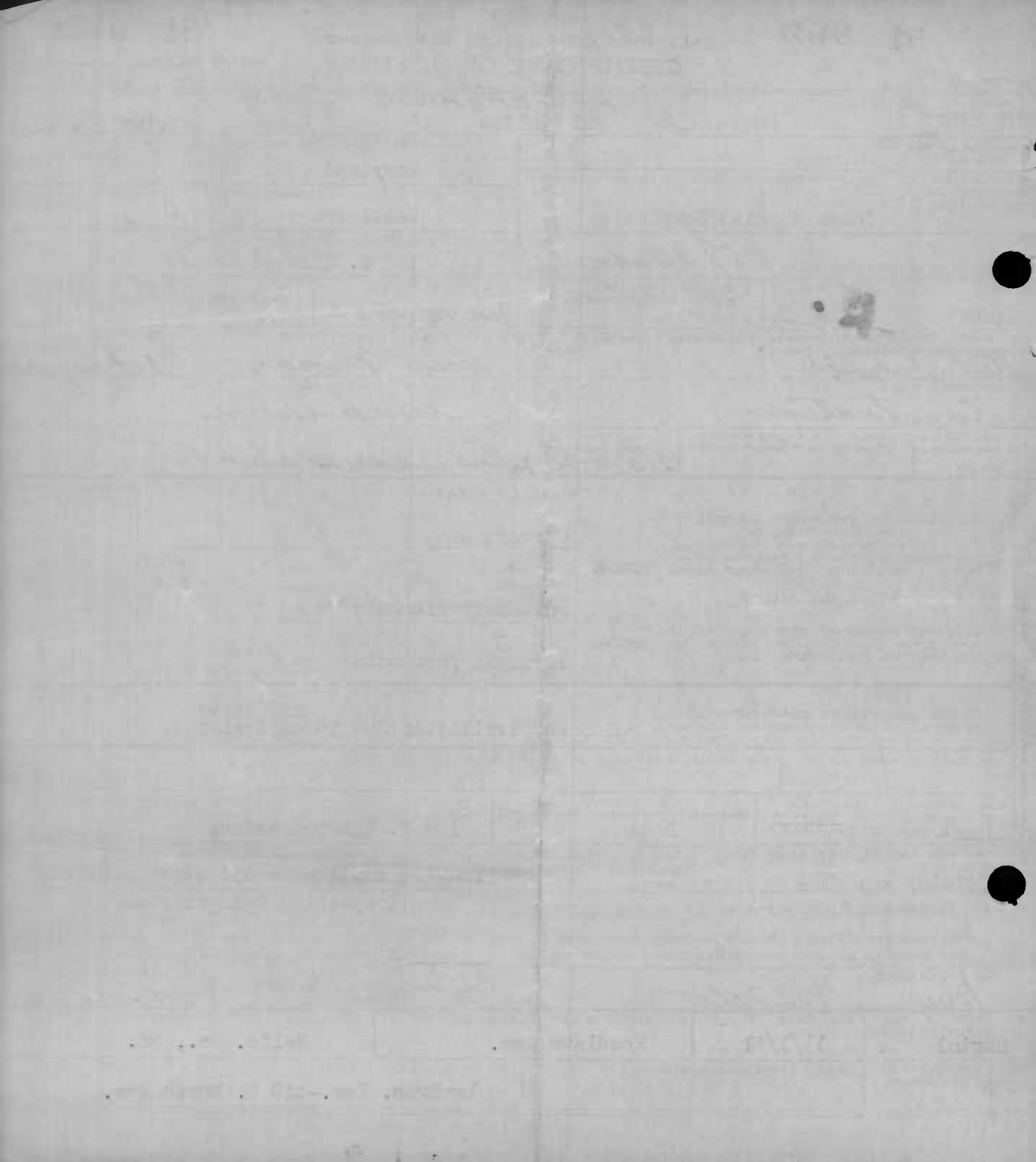
VS 151

N 969.0

585 24

114E

✓



42551 9426

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9426

Registered No. \_\_\_\_\_

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>BERTHA WILKINS</b>		2. DATE OF DEATH <b>October 31, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Provident Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>			
D. STREET ADDRESS (If rural, give location) <b>1924 Riggs Avenue</b>		E. LENGTH OF STAY IN BALTIMORE <b>22 yrs.</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Feb. 11, 1899</b>	9. AGE (In years last birthday) <b>52</b>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Elizabeth City N.C.</b>	
13. FATHER'S NAME <b>Unknown</b>		14. MOTHER'S MAIDEN NAME <b>Unknown</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <b>Wesley Wilkins</b>	

18. **443 X 1**

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)(A) **Hypertensive arteriosclerotic**  
**cardiovascular disease**

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) \_\_\_\_\_  
DUE TO  
(C) \_\_\_\_\_11  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.23A. SIGNATURE  
**William L. Smith**23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐23C. DATE SIGNED  
**Oct. 31, 1951**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE  
**Nov. 3, 1951**24C. NAME OF CEMETERY OR CREMATORY  
**Arbutus Mem. Park Arbutus Md**

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

**NOV 2 - 1951**

VS 151

**Mrs. Robert A. Ellinger & Daughter****937 1129 N. Caroline St**

MEDICAL CERTIFICATION

1871



General Mr. J. H. ...  
The ...  
1871

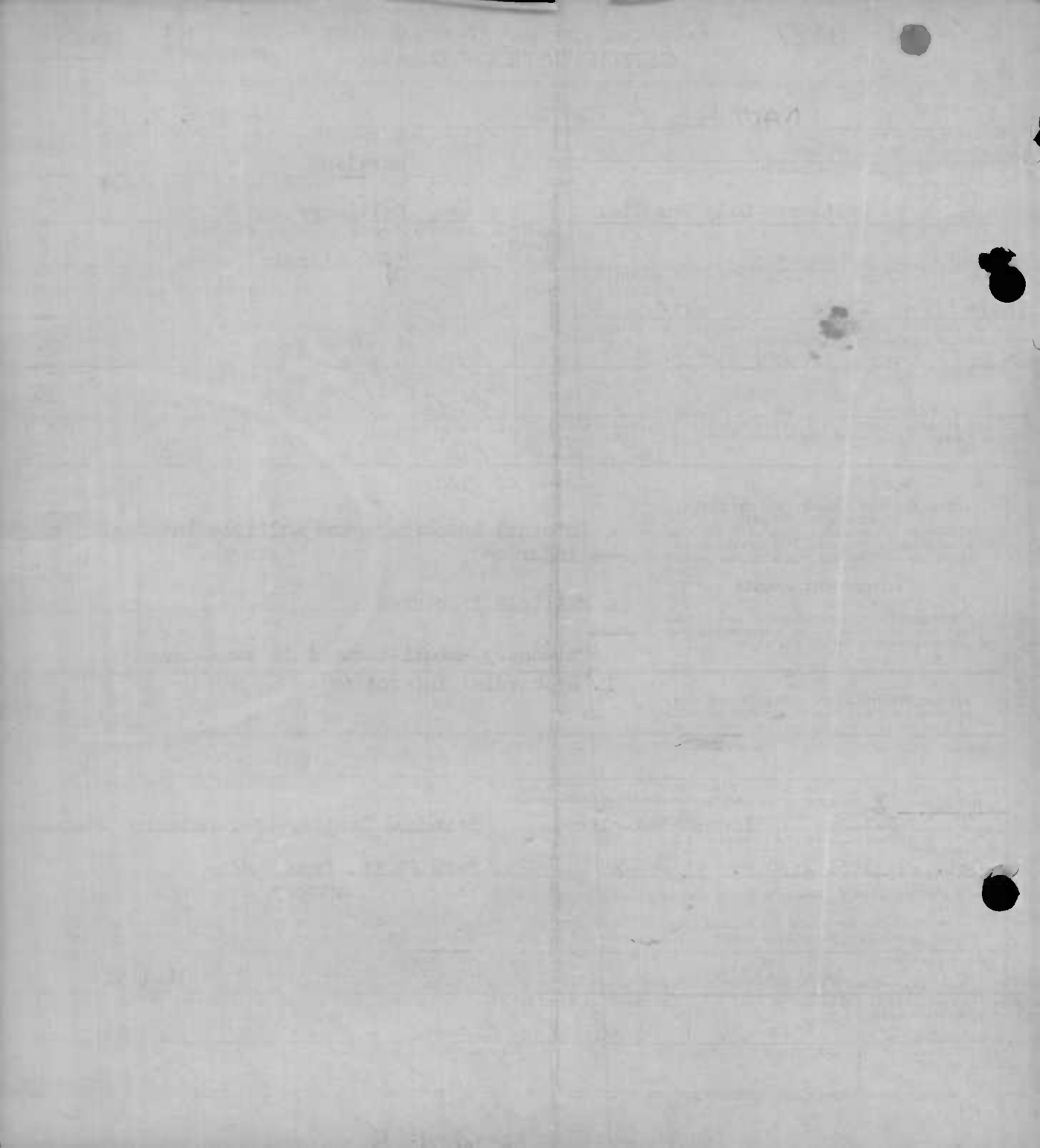
160 51 9427

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9427

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Raphael F. Weaver		Nov. 1, 1951	
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
A. Baltimore City, Maryland		A. STATE Maryland			
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)			
Baltimore City Hospital		Baltimore			
D. STREET ADDRESS (If rural, give location)		5502 Elstrode Avenue			
Length of stay in Baltimore		Yrs. Mos. Days		8. DATE OF BIRTH	
6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		9. AGE (In years last birthday)	
Male		Married		51	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
Stat. Eng. Genl. Rad. St. Sand Co.		PLUMBING FIX (M)		New Oxford Pa.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
Joseph B. Weaver		Edith M. Law			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT	
(If yes, give war or dates of service)		215-10-4210		Mrs. Mary V. Weaver, Elstrode	
18. E901.3		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Internal hemorrhage and multiple internal injuries			
ANTECEDENT CAUSES		(B) Multiple fractures			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) Pulmonary emboli-thrombi in vena cava			
II		D. Myocardial infarction			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
Industrial place		Standard Sanitary Co.		Holabird Avenue	
21D. TIME (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
Oct. 29, 1951 2:30 P. M.		WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		Fell 40 ft. from ladder	
I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE		23B. CHIEF MEDICAL EXAMINER		23. DATE SIGNED	
Stanley K. Duracher		ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/>		11-1-51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		11-5-51		Holy Redeemer	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR	
NOV 2-1951		L. Luck		5305 Harford	
VS 151		N-869.2		5436P	
				186a	

MEDICAL CERTIFICATION





120 51 9428

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9428  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Rebecca Buell Phoebe

2. DATE  
OF  
DEATH

Nov. 1-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

2707 Montebello Terrace

Yrs.  
Mos.  
Days4. USUAL RESIDENCE (Where deceased lived before admission)  
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write R.U.A.T. and give township)

Baltimore LT-07

D. STREET ADDRESS (If rural, give location)

2707 Montebello Terrace

Length of stay in Baltimore

SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday) If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 155X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Pulmonary Embolism

DUE TO

6-8 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Concussion of common bile duct

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Oct 1951, to Nov 1951, that I last saw the deceased alive on Oct 31, 1951, and that death occurred at 12:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **10-11-1**

**10-11-1**

DEATH OF DECEASED (To be filled out by physician or coroner)		NAME OF DECEASED <b>Michael O'Connor</b>	
PLACE OF DEATH <b>Baltimore City Hospital</b>		DATE OF DEATH <b>Dec 29-1962</b>	
SEX <b>Male</b>		RACE <b>White</b>	
MARRIAGE STATUS <b>Widowed</b>		COLOR OR RACE <b>White</b>	
DATE OF BIRTH <b>Dec 29-1902</b>		PLACE OF BIRTH <b>New York</b>	
STREET ADDRESS <b>1234 Broadway St.</b>		CITY OR TOWN <b>Baltimore</b>	
STATE <b>Maryland</b>		COUNTY <b>Baltimore</b>	
US. CITIZENSHIP <b>Yes</b>		FATHER'S NAME <b>Michael O'Connor</b>	
MOTHER'S NAME <b>Annie O'Connor</b>		CAUSE OF DEATH <b>Heart Disease</b>	
MEDICAL HISTORY <b>None</b>		DATE OF EXAMINATION <b>Dec 29-1962</b>	
SIGNATURE OF PHYSICIAN <b>[Signature]</b>		SIGNATURE OF CORONER <b>[Signature]</b>	

AB-153520

56

51

9429

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51

9429

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Edward Joseph O'Connor

2. DATE  
OF  
DEATH

10-31-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Baltimore City Hospitals  
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Batimore

D. STREET ADDRESS (If rural, give location)

1524 Carswell St.

Length of stay in Baltimore

20yrs.

Yrs.  
Mos.  
Days

SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Dec. 27-1885

9. AGE (In years  
last birthday)

65

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

13. FATHER'S NAME

Michael O'Connor

11. BIRTHPLACE (State or foreign country)

New York

12. CITIZEN OF  
WHAT COUNTRY

14. MOTHER'S MAIDEN NAME

Annie Coil(Cail)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT ADDRESS

Baltimore City Hospitals  
Records: 4940 Eastern Ave.

18. E936.9, and 023X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Hemothorax-right

DUE TO

INTERVAL BETWEEN  
ONSET AND DEATHplus  
one wk.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Fracture 9th. rib with ruptured pleura over 1 wk.

DUE TO

(C)

CERTIFICATION APPROVED BY

R. J. Fisher

M.D.

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Luetic cardiovascular disease

CHIEF OR ASST. MEDICAL EXAMINER.

years ?

19A. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

Unknown

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

Unknown

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

Unknown

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

Unknown

22. I hereby certify that I attended the deceased from 10-29, 1951, to 10-31, 1951, that I last saw the  
deceased alive on 10-31, 1951, and that death occurred at 3.10 PM, from the causes and on the date stated above.

23A. SIGNATURE

W. J. Fisher

M. D.

23B. ADDRESS

4940 Eastern Ave., Balto., Md.

23C. DATE SIGNED

11-1-1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

11-3-51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

BALTO

(State)

Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

W. J. Fisher

25. FUNERAL DIRECTOR

L. J. Ruok

ADDRESS

5305 HARFORD Rd.

VS 150

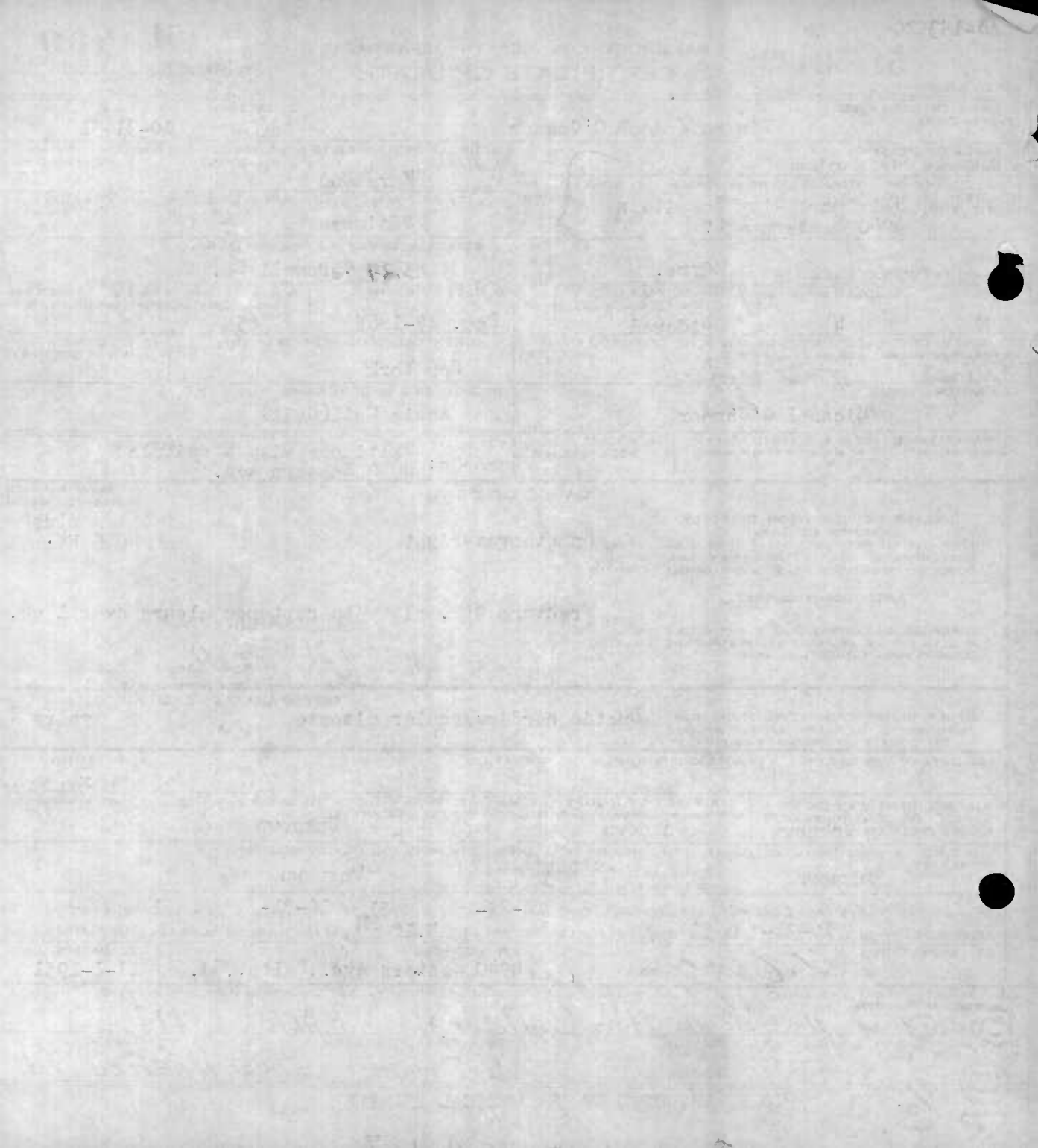
TO BE APPROVED BY THE MEDICAL EXAMINER

N-807.2

39090

195E

MEDICAL CERTIFICATION



450

1 9430

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9430

1. NAME OF DECEASED (Type or Print) <b>Mrs. Ruth Ann Palma</b>		2. DATE OF DEATH <b>11/2/51</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Balto, Md.</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Pa.</b> B. COUNTY <b>MD</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>St. Joseph's Hospital</b> <b>1400 N. Caroline St.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Balto - Rural</b>	
Length of stay in Baltimore <b>4 years</b>		D. STREET ADDRESS (If rural, give location) <b>406 Meadow Rd.</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>7/15/18</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	9. AGE (In years last birthday) <b>33 yrs.</b> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) <b>Pennsylvania</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Flick</b>		14. MOTHER'S MAIDEN NAME <b>Unknown</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>Records--St. Joseph's Hosp.</b>	
17. INFORMANT		ADDRESS	

18. <b>170X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Metastatic Carcinoma--Breasts</b>		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

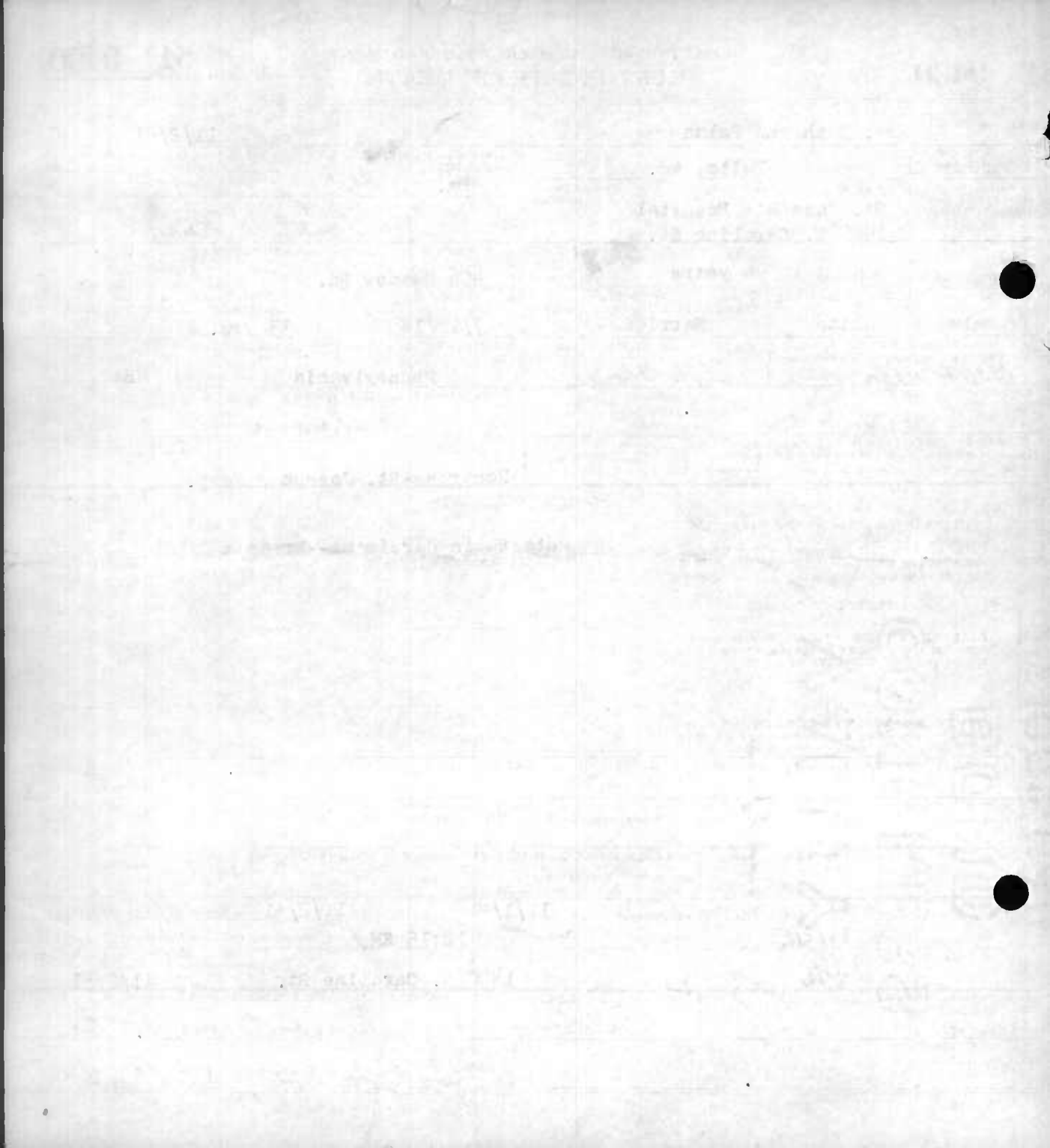
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **11/1/51**, 19\_\_, to **11/2/51**, 19\_\_, that I last saw the deceased alive on **11/2/51**, 19\_\_, and that death occurred at **12:15 PM** from the causes and on the date stated above.

23A. SIGNATURE <b>[Signature]</b>		23B. ADDRESS M. D. <b>1400 N. Caroline St.</b>		23C. DATE SIGNED <b>11/2/51</b>	
--------------------------------------	--	---	--	------------------------------------	--

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24B. DATE <b>11/2/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Calvary</b>		24D. LOCATION (City, town, or county) (State) <b>Pennsylvania Pa.</b>	
---	--	-----------------------------	--	--	--	--	--

DATE RECEIVED BY LOCAL REGISTRAR <b>NOV 2 - 1951</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR <b>Wm Cook Inc. 1217 St. Paul St.</b>		ADDRESS	
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610  
51 9431BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9431  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>John Murphy</i>		2. DATE OF DEATH <i>10-31-57 @ 9<sup>55</sup> A.M.</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore City, Md.</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>HARFORD</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mersey Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Belair</i>	
6. LENGTH OF STAY IN BALTIMORE <i>37</i>		D. STREET ADDRESS (If rural, give location) <i>425 Maitland St. 6200</i>	
7. SEX <i>Male</i>	8. COLOR OR RACE <i>White</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	10. DATE OF BIRTH <i>June 24, 1892</i>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Saw Mill, Proprietor</i>		12. AGE (In years last birthday) <i>59</i> If Under 1 Year: Months: Days: Hours: Min.	
13. FATHER'S NAME <i>Cornelius Murphy</i>		14. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. CITIZEN OF WHAT COUNTRY? <i>U.S. A.</i>	
17. SOCIAL SECURITY NO. <i>218-28-4500</i>		18. MOTHER'S MAIDEN NAME <i>Mildred Murphy</i>	
19. INFORMANT <i>Mrs. Mildred Murphy</i>		20. ADDRESS <i>425 Maitland St.</i>	

18. <i>581.0 I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cirrhosis of the liver</i>		INTERVAL BETWEEN ONSET AND DEATH <i>10 weeks</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) <i>/</i> (B) <i>/</i> (C) <i>/</i>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>/</i>		

19A. DATE OF OPERATION <i>August 20, 1957</i>		19B. MAJOR FINDINGS OF OPERATION <i>none</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>10-29</i> , 19 <i>57</i> , to <i>10-31</i> , 19 <i>57</i> , that I last saw the deceased alive on <i>10-31</i> , 19 <i>57</i> , and that death occurred at <i>9:55</i> a.m., from the causes and on the date stated above.				
23A. SIGNATURE <i>August Ch. Baumann M.D.</i>		23B. ADDRESS <i>Mersey Hospital</i>		23C. DATE SIGNED <i>10-31-1957</i>

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Nov. 3, 1957</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Spesutia</i>	24D. LOCATION (City, town, or county) (State) <i>Perryman, Harford, Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 2 - 1957</i>	REGISTRAR'S SIGNATURE <i>William J. Williams</i>	25. FUNERAL DIRECTOR <i>Howard R. McCormick &amp; Son</i>	

29031 Abingdon Md 124 B





2-30  
9432BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9432  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)2. DATE  
OF  
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

18. 331X I  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 48, to October 31, 1951, that I last saw the  
deceased alive on 10/30, 1951 and that death occurred at 6:45 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

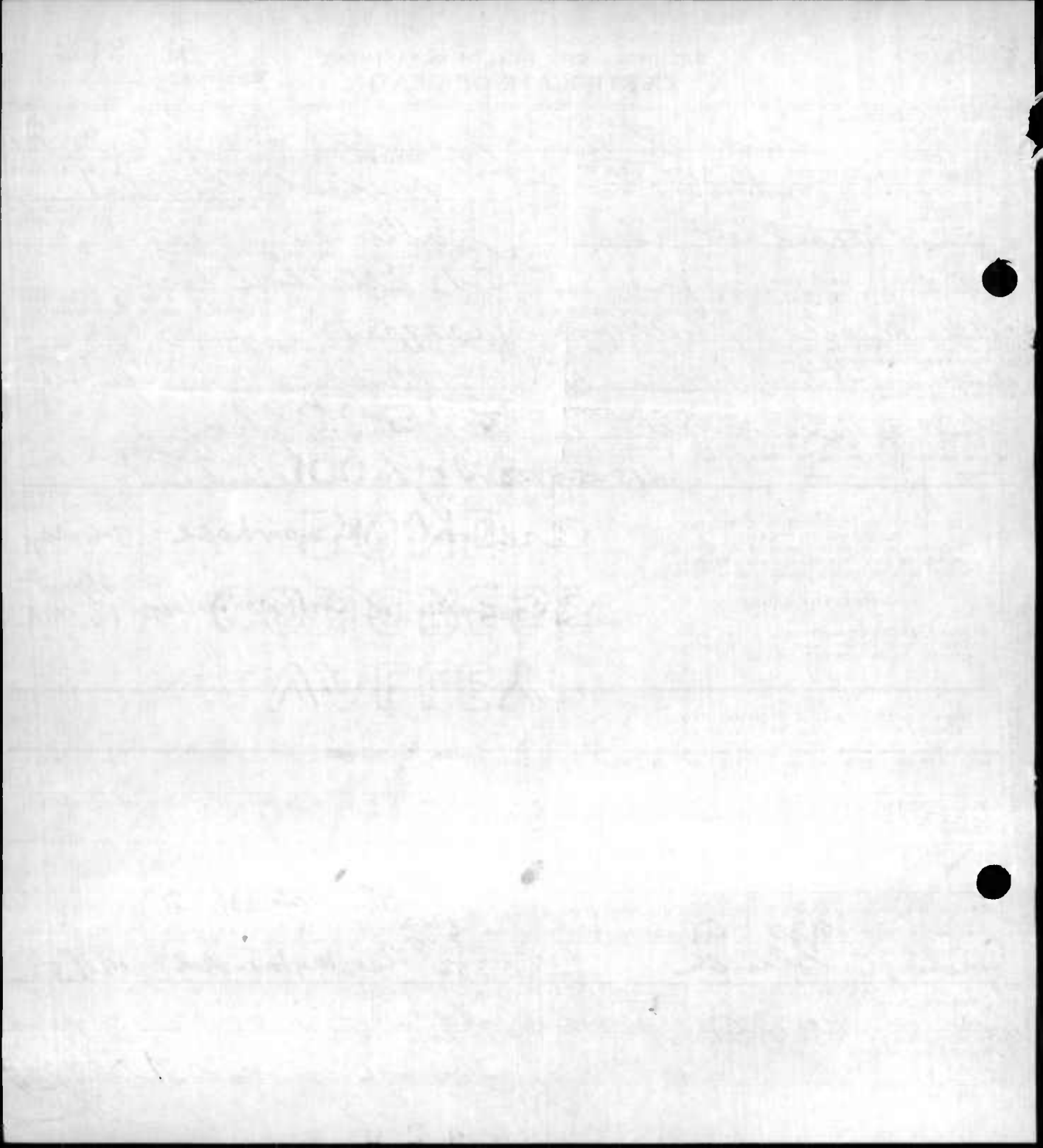
(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



420  
1 9433BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9433  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mr. Frank Wolski			2. DATE OF DEATH Nov, 1st, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland 309 S. Castle Street			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION At Home			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 2-01		
D. STREET ADDRESS (If rural, give location) 309 S. Castle Street			E. LENGTH OF STAY IN BALTIMORE 49		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 14, 1887	9. AGE (In years last birthday) 64	10. UNDER 1 Year Months Days 11. UNDER 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Iron Moulder			10B. KIND OF BUSINESS OR INDUSTRY Weiskettle Co., Inc.		
13. FATHER'S NAME Martin Wolski			14. MOTHER'S MAIDEN NAME Maryanna Lublewski		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. 214-03-3204		
17. INFORMANT Mrs. Frances Wolski			ADDRESS 309 S. Castle Street		
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive C.V. Disease DUE TO Cerebral Hemorrhage DUE TO Acute coronary occlusion ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. None. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. None.			INTERVAL BETWEEN ONSET AND DEATH Apr 2/51 Apr 2/51 11-1-51		
19A. DATE OF OPERATION None			19B. MAJOR FINDINGS OF OPERATION None		
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH? <input checked="" type="checkbox"/>			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		
21C. WHERE DID INJURY OCCUR? Home			21D. TIME (Month) (Day) (Year) (Hour) None		
21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR? None		
22. I hereby certify that I attended the deceased from Apr 2, 1951, to Nov 1, 1951, that I last saw the deceased alive on Oct 31, 1951, and that death occurred at 11:10 P. M., from the causes and on the date stated above.					
23A. SIGNATURE E. Schinunk			23B. ADDRESS 8428 East Ave		
23C. DATE SIGNED 11-2-51					
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE Nov, 5, 1951		
24C. NAME OF CEMETERY OR CREMATORY St. Stanislaus Cemetery			24D. LOCATION (City, town, or county) (State) 1300 Dundalk Ave Balto, Md.		
DATE RECEIVED BY LOCAL REGISTRAR NOV 2-1951			REGISTRAR'S SIGNATURE George A. Weber		
25. FUNERAL DIRECTOR George A. Weber			ADDRESS 705 S. Gunpowder		

8990 H1

600  
51 9434

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9434  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>Mary J. Durr</b>		2. DATE OF DEATH <b>Nov 1st, 1951</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>1017 Rosedale St</b> B. COUNTY <b>Baltimore, Md.</b>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>1017 Rosedale St</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore, Md.</b>			
D. STREET ADDRESS (If rural, give location)		length of stay in Baltimore Yrs. <b>77</b> Mos. <b>77</b> Days			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>June 27, 1874</b>	9. AGE (In years last birthday) <b>77</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Charwoman</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Charwoman</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Emerson Drug Co.</b>		11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>	
13. FATHER'S NAME <b>George Hahn</b>		14. MOTHER'S MAIDEN NAME <b>Catherine Unknown</b>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>216-07-7416</b>		17. INFORMANT <b>Bernadine Cain</b>	
		ADDRESS <b>1017 Rosedale</b>			

18. <b>260X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Arteriosclerotic cardio-vascular disease</b> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <b>11 yrs.</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Diabetes mellitus</b> DUE TO		<b>11 yrs.</b>
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>August 10, 1950</b>		19B. MAJOR FINDINGS OF OPERATION <b>Mid thigh amputation of left leg. Gangrene due to diabetes.</b>		20. AUTOPSY? <input checked="" type="checkbox"/> <b>Yes</b>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>January 2, 1940</b> to <b>Nov. 1, 1951</b> , that I last saw the deceased alive on <b>Oct. 31, 1951</b> , and that death occurred at <b>3:00 A.M.</b> from the causes and on the date stated above.					
23A. SIGNATURE <i>George J. Rupp</i>		23B. ADDRESS <b>3030 Edmondson Avenue</b>		23C. DATE SIGNED <b>Nov. 2, 1951</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Nov. 5, 1951</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Holy Redeemer</b>	
24D. LOCATION (City, town, or county) <b>Baltimore, Md.</b>		24E. FUNERAL DIRECTOR <b>G. HOWARD STRONG</b>		24F. ADDRESS <b>3207 W. North Av</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>NOV 2 - 1951</b>		REGISTRAR'S SIGNATURE <i>Washington Williams</i>		25. FUNERAL DIRECTOR <b>G. HOWARD STRONG</b>	

CERTIFICATE OF DEATH

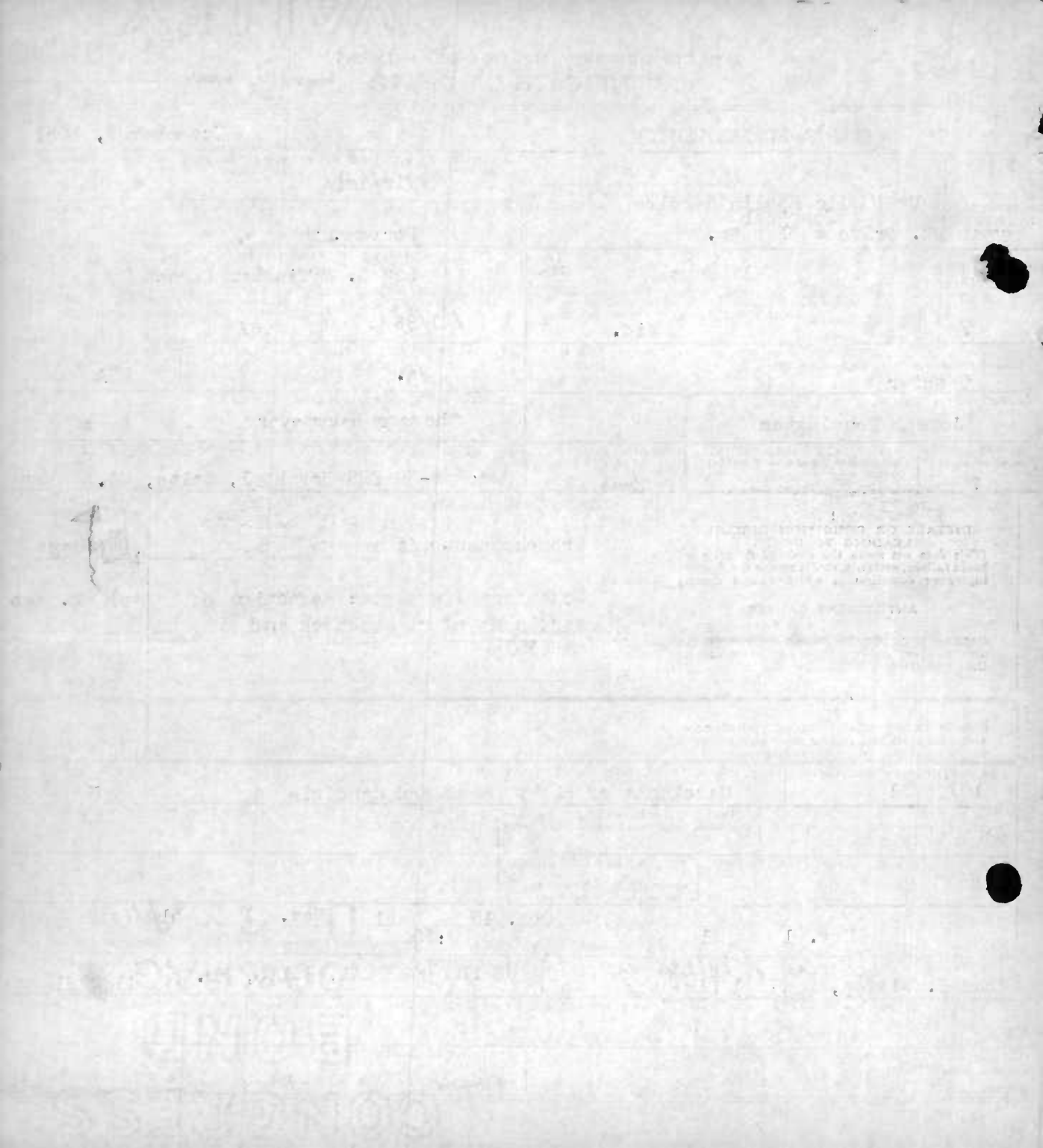
1. Name of Deceased		2. Sex		3. Age		4. Date of Death	
5. Place of Birth		6. Usual Residence		7. Cause of Death		8. Manner of Death	
9. Name of Physician		10. Name of Undertaker		11. Name of Burial Place		12. Name of Funeral Home	
13. Name of Coroner		14. Name of Medical Examiner		15. Name of Pathologist		16. Name of Anatomist	
17. Name of Registrar		18. Name of Clerk		19. Name of Nurse		20. Name of Chaplain	
21. Name of Minister		22. Name of Priest		23. Name of Rabbi		24. Name of Imam	
25. Name of Other Religious Leader		26. Name of Other Religious Leader		27. Name of Other Religious Leader		28. Name of Other Religious Leader	
29. Name of Other Religious Leader		30. Name of Other Religious Leader		31. Name of Other Religious Leader		32. Name of Other Religious Leader	
33. Name of Other Religious Leader		34. Name of Other Religious Leader		35. Name of Other Religious Leader		36. Name of Other Religious Leader	
37. Name of Other Religious Leader		38. Name of Other Religious Leader		39. Name of Other Religious Leader		40. Name of Other Religious Leader	
41. Name of Other Religious Leader		42. Name of Other Religious Leader		43. Name of Other Religious Leader		44. Name of Other Religious Leader	
45. Name of Other Religious Leader		46. Name of Other Religious Leader		47. Name of Other Religious Leader		48. Name of Other Religious Leader	
49. Name of Other Religious Leader		50. Name of Other Religious Leader		51. Name of Other Religious Leader		52. Name of Other Religious Leader	
53. Name of Other Religious Leader		54. Name of Other Religious Leader		55. Name of Other Religious Leader		56. Name of Other Religious Leader	
57. Name of Other Religious Leader		58. Name of Other Religious Leader		59. Name of Other Religious Leader		60. Name of Other Religious Leader	
61. Name of Other Religious Leader		62. Name of Other Religious Leader		63. Name of Other Religious Leader		64. Name of Other Religious Leader	
65. Name of Other Religious Leader		66. Name of Other Religious Leader		67. Name of Other Religious Leader		68. Name of Other Religious Leader	
69. Name of Other Religious Leader		70. Name of Other Religious Leader		71. Name of Other Religious Leader		72. Name of Other Religious Leader	
73. Name of Other Religious Leader		74. Name of Other Religious Leader		75. Name of Other Religious Leader		76. Name of Other Religious Leader	
77. Name of Other Religious Leader		78. Name of Other Religious Leader		79. Name of Other Religious Leader		80. Name of Other Religious Leader	
81. Name of Other Religious Leader		82. Name of Other Religious Leader		83. Name of Other Religious Leader		84. Name of Other Religious Leader	
85. Name of Other Religious Leader		86. Name of Other Religious Leader		87. Name of Other Religious Leader		88. Name of Other Religious Leader	
89. Name of Other Religious Leader		90. Name of Other Religious Leader		91. Name of Other Religious Leader		92. Name of Other Religious Leader	
93. Name of Other Religious Leader		94. Name of Other Religious Leader		95. Name of Other Religious Leader		96. Name of Other Religious Leader	
97. Name of Other Religious Leader		98. Name of Other Religious Leader		99. Name of Other Religious Leader		100. Name of Other Religious Leader	



300  
1 9435BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9435  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>ROBERTA EDWINA HEWITT</b>		2. DATE OF DEATH <b>November 1, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <b>Virginia</b> B. COUNTY <b>V-43</b>	
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <b>US Public Health Service Hospital</b> <b>Wyman Pk. Drive &amp; 31st St.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Portsmouth</b>	
D. STREET ADDRESS (If rural, give location) <b>522 N. Effingham Street</b>		E. LENGTH OF STAY IN BALTIMORE <b>17 days</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Wid.</b>	8. DATE OF BIRTH <b>11/21/83</b>
9. AGE (In years, last birthday) <b>67</b>		10. UNDER 1 YEAR: Months: Days	
11. BIRTHPLACE (State or foreign country) <b>Va.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Joseph Pennington</b>		14. MOTHER'S MAIDEN NAME <b>Theresa Havemeyer</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>?</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT <b>Records-US PHS Hospital, Balto, Md.</b>		ADDRESS	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Bronchopneumonia</b> DUE TO Postoperative state: Resection of carcinoma of right cheek and mandible INTERVAL BETWEEN ONSET AND DEATH <b>Few days</b> 1 wk. ago DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>mandible</b> DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>10/25/51</b>		19B. MAJOR FINDINGS OF OPERATION <b>Carcinoma of right cheek and mandible</b>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <input type="checkbox"/>	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <input type="checkbox"/>		21D. TIME (Month) (Day) (Year) (Hour) INJURY <input type="checkbox"/>	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from <b>Oct. 15</b> , 1951 to <b>Nov. 1</b> , 1951, that I last saw the deceased alive on <b>Nov. 1</b> , 1951, and that death occurred at <b>9:35A</b> m., from the causes and on the date stated above.			
23A. SIGNATURE <b>John L. Wilson, Medical Director</b>		23B. ADDRESS <b>US PHS HOSPITAL, BALTO, MD.</b>	
23C. DATE SIGNED <b>11/2/51</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. NAME OF CEMETERY OR CREMATORY <b>Portsmouth</b>	
24C. LOCATION (City, town, or county) (State) <b>Portsmouth Va</b>			
24D. DATE RECEIVED BY LOCAL REGISTRAR <b>NOV 2 1951</b>		24E. REGISTRAR'S SIGNATURE <b>John L. Wilson, M.D.</b>	
24F. FUNERAL DIRECTOR <b>Howard J. Diller</b>		24G. ADDRESS <b>2523</b>	

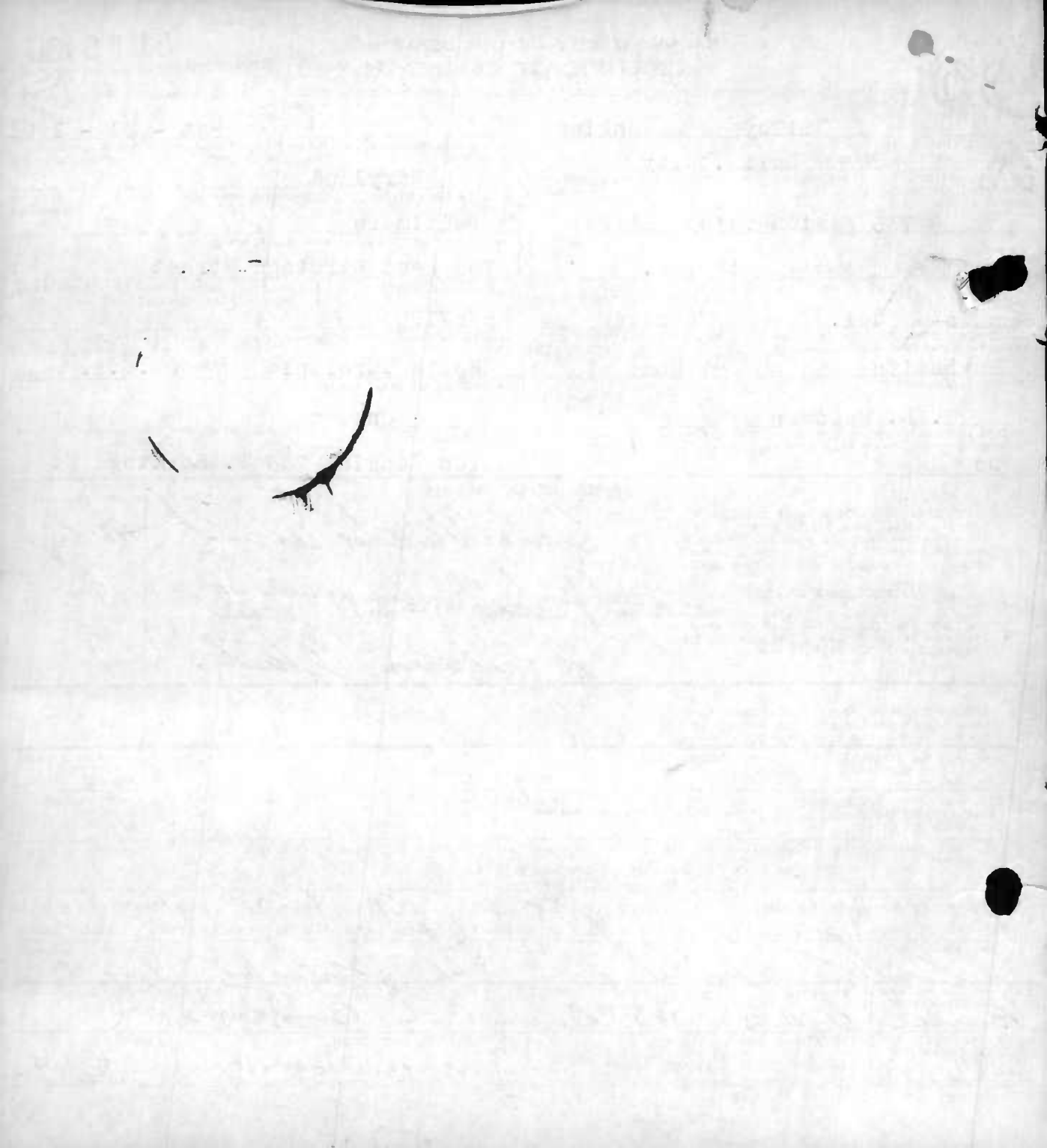
MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 9436  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>Smiley Jenkins</b>		2. DATE OF DEATH <b>Oct - 31 - 1951</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>4-02</b>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>736 West Saratoga Street</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>736 West Saratoga Street</b>			
5. Length of stay in Baltimore <b>15 Yrs.</b>		6. COLOR OR RACE <b>Col.</b>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>6/9/1903</b>	
9. AGE (in years last birthday) <b>48</b>		10. If Under 1 Year Months: Days If Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>at Home</b>	
11. BIRTHPLACE (State or foreign country) <b>South Carolina</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>W. D. McCowan</b>		14. MOTHER'S MAIDEN NAME <b>Unkown</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Allen Jenkins</b>		ADDRESS <b>736 W. Saratoga St</b>	
18. <b>331X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CAUSE OF DEATH</b> (A) <b>Coron. Vascular Accident</b> DUE TO (B) <b>Valvular Heart Disease</b> DUE TO (C) <b>Hypertension; Obesity</b>		INTERVAL BETWEEN ONSET AND DEATH <b>only</b> <b>?</b> <b>?</b>	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
I hereby certify that I attended the deceased from <b>8-10</b> , 1951, to <b>10-21</b> , 1951, that I last saw the deceased alive on <b>10-21</b> , 1951, and that death occurred at <b>6 P. M.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>[Signature]</b>		23B. ADDRESS <b>861 [Address]</b>	
23C. DATE SIGNED <b>11-1-51</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>11-4-51</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Mt Calvary Cem.</b>		24D. LOCATION (City, town, or county) (State) <b>Baltimore Md</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>NOV 2 - 1951</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>	
25. FUNERAL DIRECTOR <b>Elroy O. Wilson</b>		ADDRESS <b>1000 [Address]</b>	



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. 51 9437

1. NAME OF DECEASED (Type or Print) <u>Purser, Elizabeth</u>		2. DATE OF DEATH <u>11-1-51</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Baltimore</u>		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE <u>Md.</u> B. COUNTY <u>3112</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Franklin Square Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <u>3112 Glenmore ave</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>W.</u>	8. DATE OF BIRTH <u>Sept 11, 1884</u>
			9. AGE (In years last birthday) <u>67</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Baltimore Md.</u>
13. FATHER'S NAME <u>Kratch, Phillip J</u>		14. MOTHER'S MAIDEN NAME <u>Eliz, Otto</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	
		<u>Mrs Marie Thilmany (same)</u>	
18. <u>420.1 I</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  CAUSE OF DEATH <u>coronary thrombosis</u>  DUE TO <u>arteriosclerosis, Hypertension</u>  INTERVAL BETWEEN ONSET AND DEATH <u>17 days</u>			
19. DATE OF OPERATION			20. AUTOPSY?
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) OF INJURY			21E. INJURY OCCURRED
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>10-13-1951</u> to <u>11-1-1951</u> , that I last saw the deceased alive on <u>11-1-1951</u> , and that death occurred at <u>2:45 p.m.</u> from the causes and on the date stated above.			
23A. SIGNATURE <u>Wm delarm</u>		23B. ADDRESS <u>Franklin sq. Hospital</u>	
23C. DATE SIGNED <u>11-1-51</u>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>11/3/51</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Larkwood</u>	24D. LOCATION (City, town, or county) (State) <u>Saylor Ave Md</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>NOV 2 - 1951</u>		25. FUNERAL DIRECTOR <u>Mrs Thiedred J. Bight</u>	
REGISTRAR'S SIGNATURE <u>William Williams</u>		ADDRESS <u>609 Maryland</u>	





51 9438

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Bertha Samelko

2. DATE  
OF  
DEATH

Nov. 1, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

University Hospital

Yrs.  
Mos.  
Days

Length of stay in Baltimore

SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Maryland Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore - 31-3-02

D. STREET ADDRESS (If rural, give location)

715 S. Dallas St.

8. DATE OF BIRTH

1906

9. AGE (In years  
last birthday)

45

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

John Samelko

14. MOTHER'S MAIDEN NAME

Anna

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

17. INFORMANT

same

ADDRESS

18. 463X I

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

## CAUSE OF DEATH

(A) Respiratory Failure

DUE TO

(B) Empyema + lung abscess

DUE TO

(C) venous thrombosis of leg

INTERVAL BETWEEN  
ONSET AND DEATH

5 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHITE AT ☐ NOT WHITE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 30, 1951, to Nov. 1, 1951, that I last saw the  
deceased alive on Nov. 1, 1951, and that death occurred at 10:20 pm., from the causes and on the date stated above.

23A. SIGNATURE

H. K. Skipton

23B. ADDRESS

M. D.

University Hospital

23C. DATE SIGNED

11-2-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

Nov. 5-1951

24C. NAME OF CEMETERY OR CREMATORY

Holy Rosary Ballo. Co.

24D. LOCATION (City, town, or county)

Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William S. Fialkowski

25. FUNERAL DIRECTOR

ADDRESS

Wm. S. Fialkowski 2007 Eastern



RECEIVED AT THE  
OFFICE OF THE  
SECRETARY OF THE  
NAVY  
WASHINGTON, D. C.

1911

1911

422  
51 9439

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9439  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) **BARBARA PALASIK** 2. DATE OF DEATH **NOV. 1-1951**

3. PLACE OF DEATH: a. Baltimore City, Maryland **BALTO City** 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  
A. STATE **Md.** B. COUNTY **3-01**

b. FULL NAME OF (If not in hospital or institution, give street address or location) **1618 Portugal St.** c. CITY OR TOWN **Balto. City** (If outside corporate limits, write RURAL and give township)

d. STREET ADDRESS (If rural, give location) **1618 Portugal St.** length of stay in Baltimore **70** Yrs. **None** Days

5. SEX **Female** 6. COLOR OR RACE **White** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **77** 9. AGE (In years last birthday) **77** If Under 1 Year Months Days If Under 24 Hours Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) **Poland** 12. CITIZEN OF WHAT COUNTRY? ☒

13. FATHER'S NAME **John Nowak** 14. MOTHER'S MAIDEN NAME **Mary**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) **None** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT **William Palasik** ADDRESS **1618 Portugal St.**

18. **443X I** CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) (A) **Broncho. Pneumonia** DUE TO (B) **Cerebral Hemorrhage** DUE TO (C) **Arterio. Sclerotic Hypert. H. D.** INTERVAL BETWEEN ONSET AND DEATH **3 days** **3 weeks** **10 yrs.**

19. DATE OF OPERATION 0 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21f. HOW DID INJURY OCCUR?

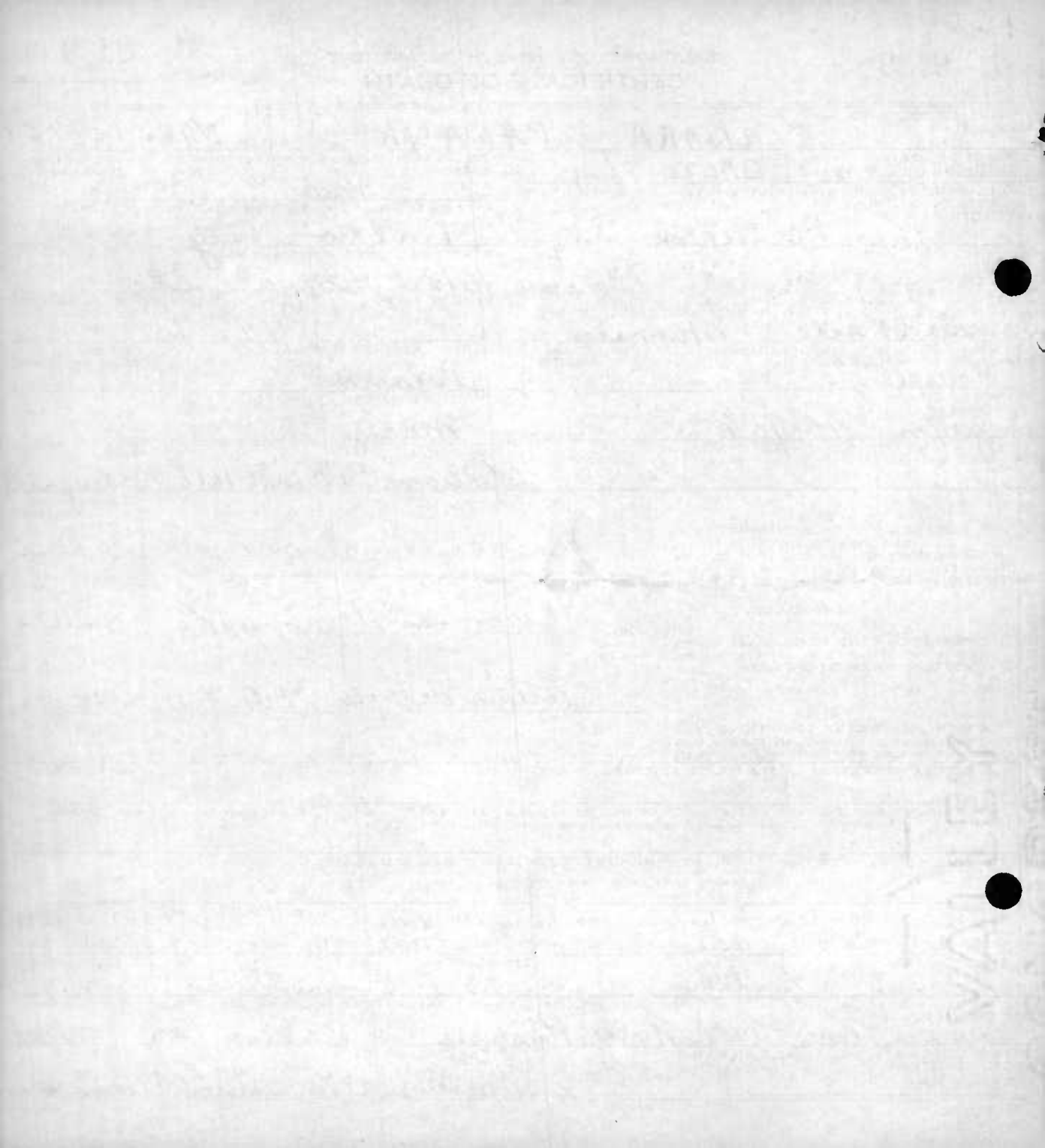
22. I hereby certify that I attended the deceased from **July 1941**, 19\_\_, to **Nov 1**, 19**51**, that I last saw the deceased alive on **Nov 1**, 19**51**, and that death occurred at **6:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE **Joseph Dunder** 23b. ADDRESS **2348 Eutam Ave** 23c. DATE SIGNED **Nov 2, 1951**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Nov. 5-1951** 24c. NAME OF CEMETERY OR CREMATORY **Holy Rosary** 24d. LOCATION (City, town, or county) **Balto. Co. Md.**

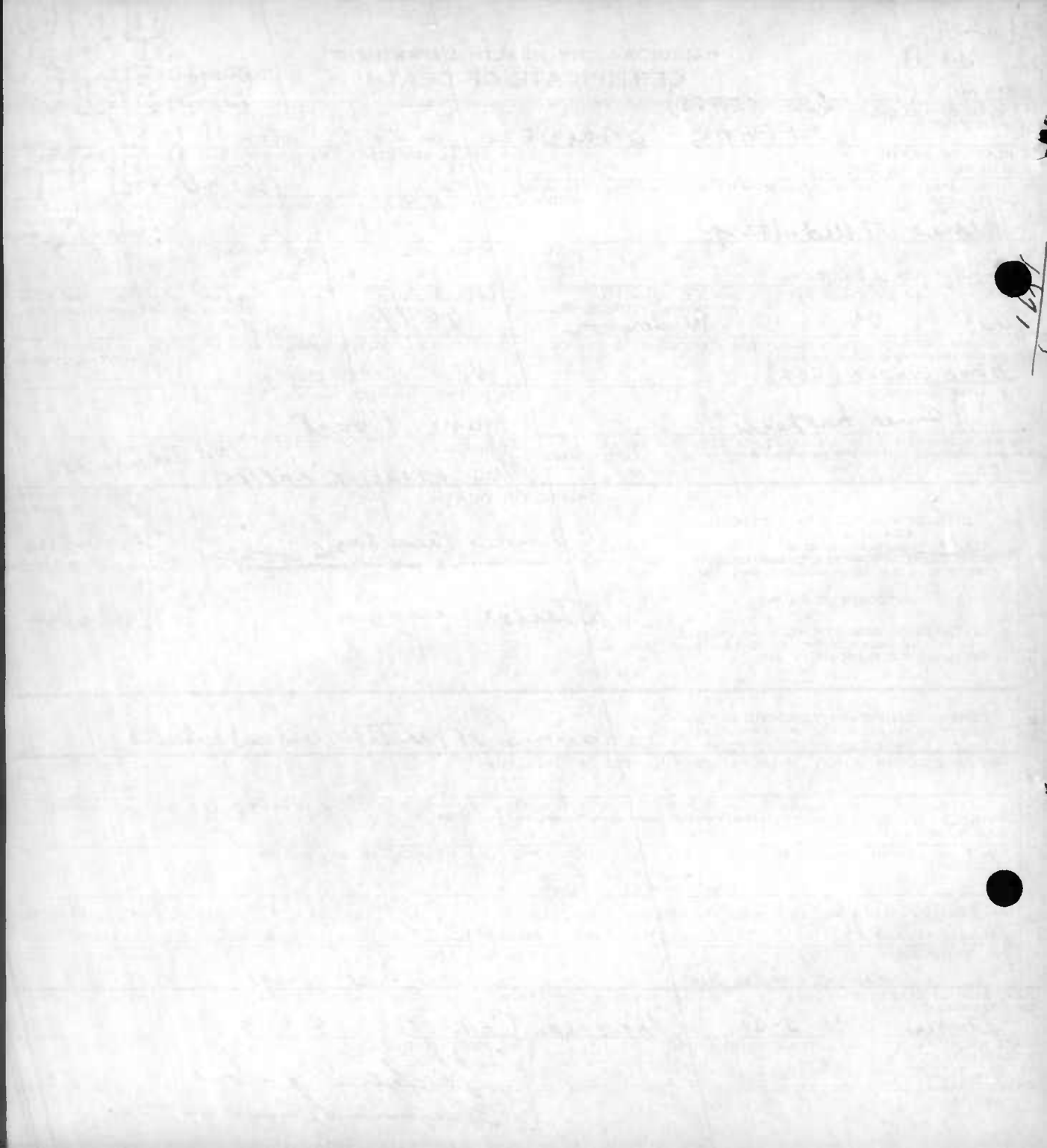
DATE RECEIVED BY LOCAL REGISTRAR **NOV 2-1951** REGISTRAR'S SIGNATURE **Wm. S. Fralkowski** 25. FUNERAL DIRECTOR **Wm. S. Fralkowski** ADDRESS **2007 Eastern Ave**

VS 150 937



162  
51 9440BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9440  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		LEFFERTS, - SAMUEL GUY		11-1-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or location)		A. STATE B. COUNTY			
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		D. STREET ADDRESS (If rural, give location)			
Length of stay in Baltimore		910 E. N. Ave			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday)	10. Under 1 Year Months Days
W	14	Widower	1871	80-	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
BOOK BINDER (RET)				NEW YORK CITY	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
Samuel Lefferts		Jane Boget			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT	
- NO -		- NO -		Miss ISABELLE LEFFERTS - 1913 OAK HILL AVE	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
420.1 and 177X		(A) Coronary Thrombosis		5 minutes	
DUE TO		(B) Arteriosclerosis		unknown	
DUE TO		(C)			
19. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
0				YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-17, 1951, to 11-1, 1951, that I last saw the deceased alive on 11-1, 1951, and that death occurred at 12:55 P. M., from the causes and on the date stated above.		23A. SIGNATURE		23B. ADDRESS	
23A. SIGNATURE		M. D.		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		11-3-51		CATHEDRAL CEM.	
24D. LOCATION (City, town, or county) (State)		24E. FUNERAL DIRECTOR		24F. ADDRESS	
CITY		Hickfield & Son		51 B	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		ADDRESS	
OV 2-1951		[Signature]		[Address]	



250

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9441  
Registered No.51 9441  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Rebecca Jackson</b>			2. DATE OF DEATH <b>10.31.57</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Balto. City</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Provident Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Balto. 11-04</b>		
Length of stay in Baltimore			O. STREET ADDRESS (If rural, give location) <b>1229 McCulloh St.</b>		
5. SEX <b>Fe</b>	6. COLOR OR RACE <b>colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>6.9.1912</b>	9. AGE (In years last birthday) <b>45</b>	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Lancaster Co, Va</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>Jacob Taylor</b>			14. MOTHER'S MAIDEN NAME <b>Mary Doulby</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

MEDICAL CERTIFICATION

18. <b>331X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <b>Generalized Arteriosclerosis</b>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)		
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION <b>CERTIFICATION APPROVED BY</b> <b>CHIEF OR ASST. MEDICAL EXAMINER</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <b>10.31.</b> , 19 <b>57</b> , to <b>10.31.</b> , 19 <b>57</b> , that I last saw the deceased alive on <b>10.31.</b> , 19 <b>57</b> , and that death occurred at <b>7:45 p.m.</b> , from the causes and on the date stated above.				
23A. SIGNATURE <b>D. G. Gonionduas</b>		23B. ADDRESS <b>Provident Hospital</b>		23C. DATE SIGNED
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Nov 5-1957</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Arboretum Memorial Park Balto. Md</b>	24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR <b>NOV 2-1957</b>		25. FUNERAL DIRECTOR <b>Charles R. Low</b>		ADDRESS <b>802 Madison</b>

NOT A MEDICAL EXAMINER'S CASE  
*R. H. Fisher*  
CHIEF OR ASS'T. MEDICAL EXAMINER M.D.



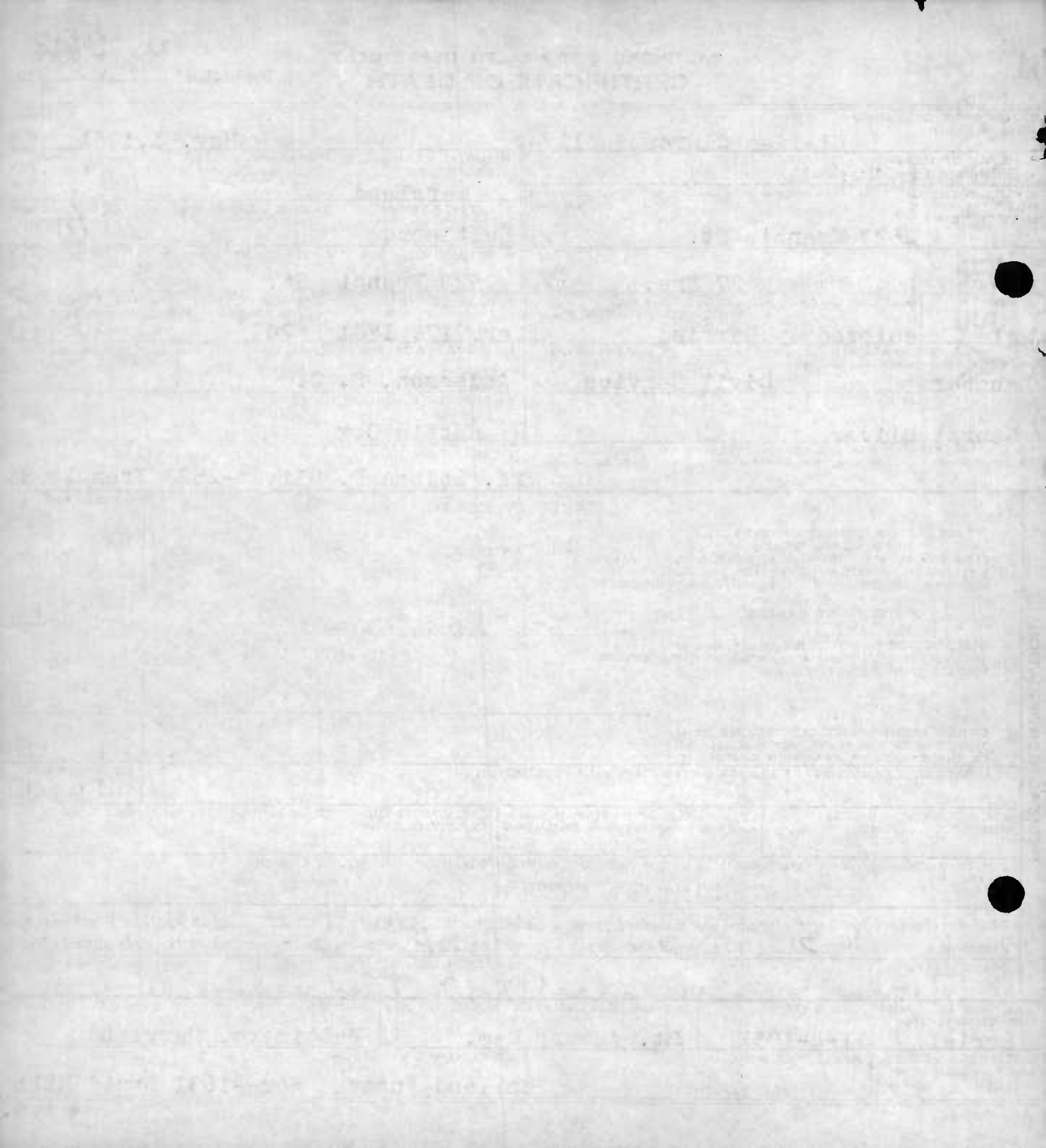
416  
51 9442BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 51 9442  
3698

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>William Clarence Oliver</b>			2. DATE OF DEATH <b>Nov. 1, 1951</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived, if institution; residence A. STATE <b>Maryland</b> B. COUNTY before admission)		
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>2523 Francis St.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
6. LENGTH OF stay in Baltimore <b>27 Yrs.</b>			D. STREET ADDRESS (If rural, give location) <b>2523 Francis St.</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Mar. 17, 1881</b>	9. AGE (In years last birthday) <b>70</b>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>Civil Service</b>		
11. BIRTHPLACE (State or foreign country) <b>Andersen, S. C.</b>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <b>George Oliver</b>			14. MOTHER'S MAIDEN NAME <b>Hattie Cox</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>Mrs. Selena P. Oliver-2523 Francis st</b>			ADDRESS		

18. <b>422.1 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>myocarditis</b> DUE TO <b>arteriosclerosis</b> DUE TO <b>II</b> OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <b>myocarditis</b> DUE TO (B) <b>arteriosclerosis</b> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <b>unknown</b> <b>unknown</b>
---	--	---

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>9-15</b> , 1950, to <b>11-1</b> , 1951, that I last saw the deceased alive on <b>10-31</b> , 1951, and that death occurred at <b>2 P</b> m., from the causes and on the date stated above.					
23A. SIGNATURE <b>Frank A. Saunders</b> M. D.		23B. ADDRESS <b>1029 N. Stricker St</b>		23C. DATE SIGNED <b>11-2-51</b>	
24A. BURIAL, CREMA- TION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>11-4-1951</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Mt. Auburn Cem.</b>	
24D. LOCATION (City, town, or county) <b>Baltimore, Maryland</b>		24E. FUNERAL DIRECTOR <b>Holland Funeral Home-1631 Druid Hill</b>		24F. ADDRESS <b>Ave.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>NOV 2 - 1951</b>		REGISTRAR'S SIGNATURE <b>Wm. J. Williams</b>		25. FUNERAL DIRECTOR <b>Holland Funeral Home-1631 Druid Hill</b>	



145  
51 9443  
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9443  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>POPPLEIN GRACE C.</b>			2. DATE OF DEATH <b>11-2-51</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>md</b> B. COUNTY <b>Balto</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>University Hosp</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Rustontown</b>		
D. STREET ADDRESS (If rural, give location) <b>Hestminster Rd. 5300</b>			Yrs. Mos. Days		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W.</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Jan. 18 1873</b>	9. AGE (in years last birthday) <b>78</b>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME <b>John T. Popplein</b>			14. MOTHER'S MAIDEN NAME <b>Matilda B.</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or of unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <b>None</b>		
17. INFORMANT <b>Ernest Popplein Rustontown md</b>			ADDRESS		

18. <b>420.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cardiac Failure</b>		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH <b>2-3 days</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Arteriosclerotic Heart Disease</b>		DUE TO <b>Coronary Artery Disease</b>	<b>10 yrs.</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>11-2-51</b> , to <b>11-2-51</b> , 19__, that I last saw the deceased alive on <b>11-2-51</b> , and that death occurred at <b>9:15 p.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Henry D. Perry Jr.</b>		23B. ADDRESS <b>Baltimore Md.</b>		23C. DATE SIGNED <b>11-2-51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>		24B. DATE <b>Nov. 6-51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Daniel Ridge</b>	
24D. LOCATION (City, town, or county) (State) <b>Pikesville md</b>		25. FUNERAL DIRECTOR <b>J. F. Elmer Sons Rustontown md.</b>			
DATE RECEIVED BY LOCAL REGISTRAR <b>NOV 3 - 1951</b>		REGISTRAR'S SIGNATURE <b>VS 150</b>			

OFFICE OF THE  
SECRETARY OF THE ARMY

Very respectfully,  
Your obedient servant,  
[Signature]  
[Name]  
[Title]  
[Address]  
[City]  
[State]  
[Zip]

410  
1 9444

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9444

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		John Ulivi		Oct. 31 1951	
3. PLACE OF DEATH:				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admision)	
A. Baltimore City, Maryland 3927 E. Lombard St.				A. STATE Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location)				B. COUNTY	
HOSPITAL OR INSTITUTION				C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)	
				Baltimore	
C. Length of stay in Baltimore				D. STREET ADDRESS (If rural, give location)	
36 Yrs				3927 E. Lombard St.	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In year: last birthday)	10. Under 1 Year Months Days
Male	White	Married	November 16 1885	65	11 15
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
Bricklayer		Construction	Italy		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
Casimiro Ulivi			Vittoria ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
no				Luisa Ulivi (Wife) 3927 E. Lombard St.	

MEDICAL CERTIFICATION

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) DUE TO		Carcinoma of Larynx		Oct 19/48	
18. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
		Tuberculosis & Cervical			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) DUE TO		Dec 11/48	
		metastatic Carcinoma			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
Resection of Larynx 1948		Carcinoma of Larynx		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR?			
none	none	none			
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?			
none	WHILE AT WORK <input type="checkbox"/> WHILE AT WORK <input type="checkbox"/>	none			
22. I hereby certify that I attended the deceased from Oct 19 1948, to Oct 31 1951, that I last saw the deceased alive on Oct 30 1951, and that death occurred at 7 20 P.M., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Epischimuk		842 E. East Ave		11-2-51	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)		
Burial	November 3rd /51	Oak Lawn Cemetery	7225 Eastern Ave		
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		FUNERAL DIRECTOR ADDRESS	
Nov 3 - 1951		[Signature]		Frank Della Voce 322 S. High St.	

504 24 432 47a

CENTRE D'UNION DE L'AFRIQUE

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WATERS  
NORFOLK

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1961. 1. 1. 1961



# CERTIFICATE CORRECTED 4-26-67

BALTIMORE CITY HEALTH DEPARTMENT

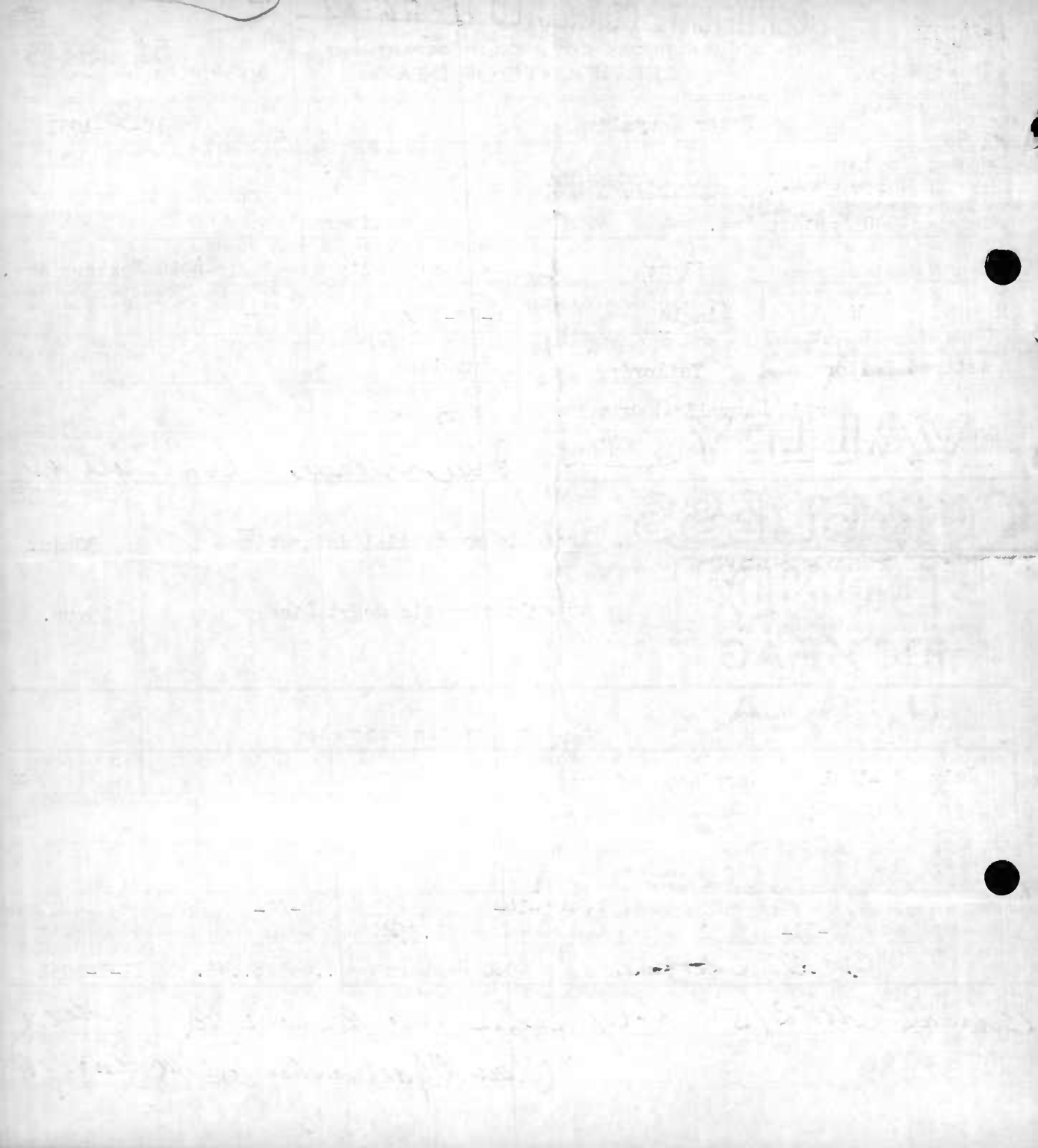
## CERTIFICATE OF DEATH

Registered No. **51 9445**

**4-24391**  
**51 9445**  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Peter Nauyalis</b>		2. DATE OF DEATH <b>10-29-1951</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Baltimore City Hospitals</b> <b>4940 Eastern Ave.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>Baltimore City Hospitals-4940 Eastern Ave.</b>		E. LENGTH OF STAY IN BALTIMORE <b>53yrs</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>6-29-1880</b>
9. AGE (In years last birthday) <b>71</b>		10. UNDER 1 Year Months: Days 11. UNDER 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Tailor</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Tailoring</b>	
11. BIRTHPLACE (State or foreign country) <b>Russia</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>Martin Nauyalis(Nauyatis)</b>		14. MOTHER'S MAIDEN NAME <b>Mary Mason</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>John Eichen</b>		ADDRESS <b>600 First St</b>	
18. <b>420.0 and 177X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Probable myocardial infarction</b> DUE TO <b>Arteriosclerotic Heart Disease</b> DUE TO <b>Carcinoma of the Prostate</b>		INTERVAL BETWEEN ONSET AND DEATH <b>30min.</b> <b>15yrs.</b>	
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>July 20-1951</b>		19B. MAJOR FINDINGS OF OPERATION <b>Carcinoma of Prostate</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>6-14</b> , 1937, to <b>10-29</b> , 1951, that I last saw the deceased alive on <b>10-29</b> , 1951, and that death occurred at <b>12.55PM</b> from the causes and on the date stated above.			
23A. SIGNATURE <b>P. S. Rogers</b>		23B. ADDRESS <b>4940 Eastern Ave., Balto., Md.</b>	
23C. DATE SIGNED <b>11-1-1951</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Funeral</b>		24B. DATE <b>Nov 3/51</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Holy Redeemer</b>		24D. LOCATION (City, town, or county) (State) <b>Belair Rd. Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>NOV 3-1951</b>		REGISTRAR'S SIGNATURE <b>James H. Jackson</b>	
25. FUNERAL DIRECTOR <b>James H. Jackson</b>		ADDRESS <b>700 N. E. St.</b>	





460  
51 9446BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9446  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>William FOWLER</b>		2. DATE OF DEATH <b>NOV. 2 - 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>LUTHERAN HOSP.</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY <b>BALTIMORE</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>LUTHERAN HOSP. OF MD.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 16 16-0</b>	
D. STREET ADDRESS (If rural, give location) <b>2649 HARLEM AVE</b>		Yrs. Mos. Days	
5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOW</b>		8. DATE OF BIRTH <b>4-15-1870</b>	
9. AGE (In years last birthday) <b>81</b>		10. Under 1 Year Months: Days Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>-</b>	
11. BIRTHPLACE (State or foreign country) <b>ANAPOLIS, MD.</b>		12. CITIZEN OF WHAT COUNTRY? <b>CERTIFICATION APPROVED BY</b>	
13. FATHER'S NAME <b>William SMITH</b>		14. MOTHER'S MAIDEN NAME <b>LYDIA ?</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>-</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT <b>MR. GEORGE FOWLER</b>		ADDRESS <b>SAME</b>	
18. <b>443 X and E 900.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CEREBROVASCULAR Accident</b> DUE TO <b>HYPERTENSIVE CARDIO</b> DUE TO <b>VASCULAR DISEASE</b> DUE TO <b>INTERTROCHANTERIC FRACTURE L.H. Hip</b>		INTERVAL BETWEEN ONSET AND DEATH <b>12 days</b> <b>several years</b>	
19A. DATE OF OPERATION <b>none</b>		19B. MAJOR FINDINGS OF OPERATION <b>none</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <b>Accident</b>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	
21C. WHERE DID INJURY OCCUR? <b>2649 HARLEM AVE</b>		21D. TIME (Month) (Day) (Year) (Hour) <b>OCT. 15 1951 m.</b>	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>Slipped and fell down front steps</b> <b>PATIENT FELL outside home</b>	
22. I hereby certify that I attended the deceased from <b>10-17</b> , 1951, to <b>11-2</b> , 1951, that I last saw the deceased alive on <b>11-2</b> , 1951, and that death occurred at <b>2:10 P</b> m., from the causes and on the date stated above.			
23A. SIGNATURE <b>William O. Smith</b>		23B. ADDRESS <b>LUTHERAN HOSP</b>	
23C. DATE SIGNED <b>11-2-51</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>11/5/51</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>CEDAR HILL</b>		24D. LOCATION (City, town, or county) (State) <b>BALTIMORE MD</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>NOV 3 - 1951</b>		25. FUNERAL DIRECTOR. <b>John T. STANSBURY</b>	
VS 150 <b>N-820.0</b>		ADDRESS <b>2700 EDMONDSON AVE.</b>	

MEDICAL CERTIFICATION

186a



535  
01 9447BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9447  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Richard H. Snowden</b>		2. DATE OF DEATH <b>11-1-51</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>md</b> B. COUNTY <b>16-02</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>813 Whatcoat st</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Balto</b>	
C. Length of stay in Baltimore <b>Life</b>		D. STREET ADDRESS (If rural, give location) <b>813 Whatcoat st</b>	
5. SEX <b>m</b>	6. COLOR OR RACE <b>c</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>m</b>	8. DATE OF BIRTH <b>Aug 6, 1906</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painter</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Self</b>	9. AGE (In years last birthday) <b>45</b>
13. FATHER'S NAME <b>Levi Snowden</b>		11. BIRTHPLACE (State or foreign country) <b>Balto md</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>yes</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
16. SOCIAL SECURITY NO. <b>WW 1</b>		14. MOTHER'S MAIDEN NAME <b>Mary Shorter</b>	
17. INFORMANT <b>Mary Drew</b>		ADDRESS <b>813 Whatcoat st</b>	
I. CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		INTERVAL BETWEEN ONSET AND DEATH	
(A) <b>Coronary Heart Disease</b>		<b>?</b>	
DUE TO			
II. ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST		DUE TO	
(B)			
(C)			
III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>10-31</b> , 19 <b>51</b> , to <b>11-1</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>11-1</b> , 19 <b>51</b> , and that death occurred at <b>1.45 Pm.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>Harold L. Trumble</b>		23B. ADDRESS <b>1325 W Larnall St</b>	
23C. DATE SIGNED <b>11/3/51</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>11-4-51</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>mt Auburn</b>		24D. LOCATION (City, town, or county) <b>md</b> (State)	
DATE RECEIVED BY LOCAL REGISTRAR <b>NOV 3 - 1951</b>		REGISTRAR'S SIGNATURE <b>Geo. S. Nelson</b>	
FUNERAL DIRECTOR <b>Geo. S. Nelson</b>		ADDRESS <b>1303 Presstman st</b>	

MEDICAL CERTIFICATION

1325 female st

530  
51 9448BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9448

Registered No. \_\_\_\_\_

BIRTH NO. 51-17276

1. NAME OF DECEASED  
(Type or Print)

DEBORAH D. MONT

2. DATE  
OF  
DEATH

October 31, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Johns Hopkins Hospital

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

111 N. Bond Street

Length of stay in Baltimore

Life

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

None

13. FATHER'S NAME

David Henry Mont

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

8. DATE OF BIRTH

8/31/1951

9. AGE (in years last birthday)

If Under 1 Year  
Months: Days

3

If Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Doris Mont

17. INFORMANT

ADDRESS

Dorice Mont 111 N. Bond St

18. 391.2 CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Otitis media, bilateral

~~XXXX~~

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

(B) Aspiration of vomitus

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIBUTING  
CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐

23C. DATE SIGNED

ASSISTANT MEDICAL EXAMINER ☒  
M.D. MEDICAL INVESTIGATOR ☐

Oct. 31, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

11/3/1951

Mt Calvary Cem.

Brooklyn Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

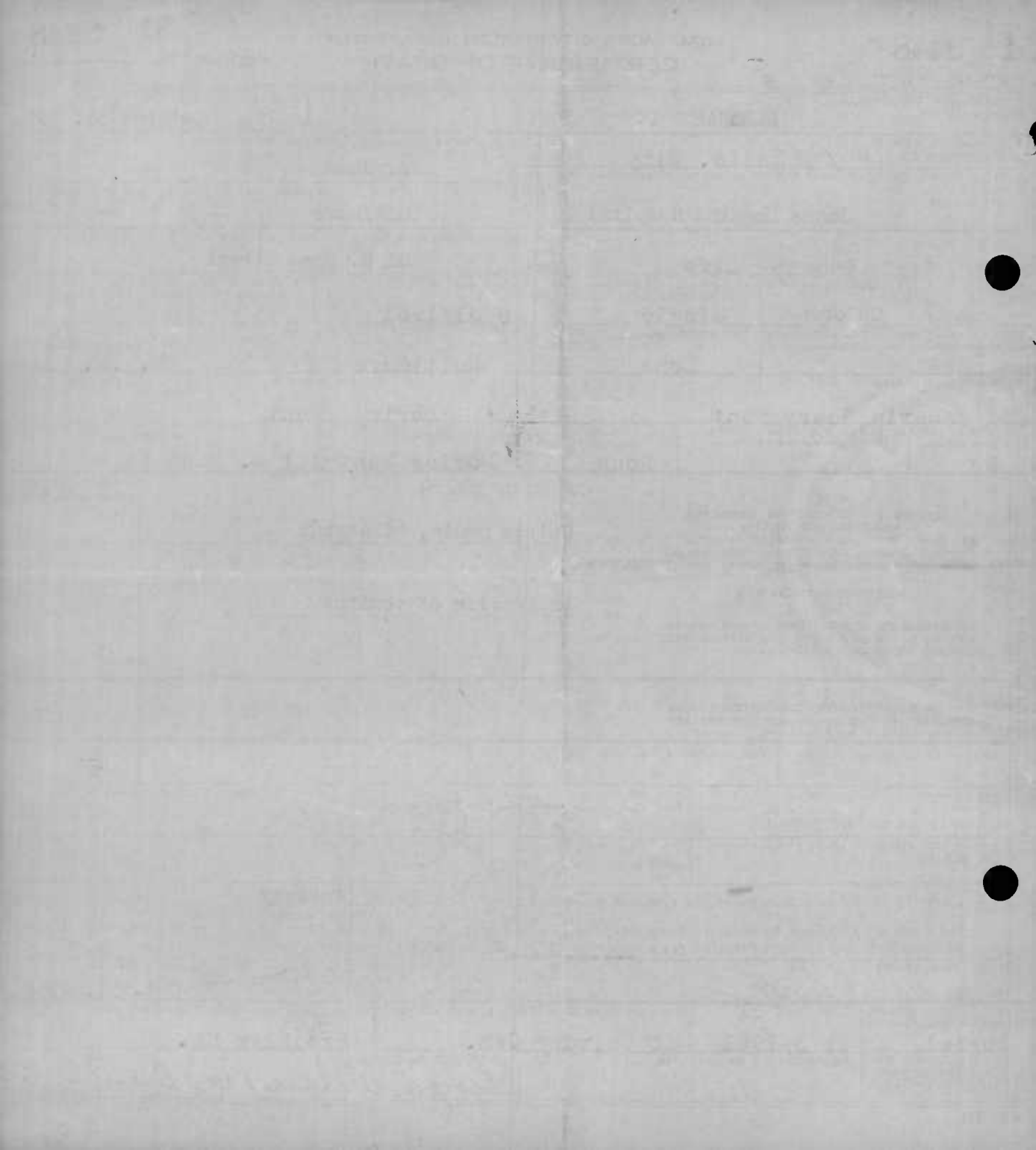
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 3 - 1951

Eliogo. Wilson / and Beauty and





146  
512009BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9449

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

DORGE

CABALLERO ROJO

2. DATE  
OF  
DEATH

NOV 3 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore

3

Yes.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Governor of Pinar del Rio

10B. KIND OF BUSINESS OR  
INDUSTRY

13. FATHER'S NAME

Francisco Caballero

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

8. DATE OF BIRTH

4-13-05

9. AGE (In years  
last birthday)

46

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Cuba

12. CITIZEN OF  
WHAT COUNTRY?

Cuba

14. MOTHER'S MAIDEN NAME

Emma Rojo

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 340.3

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

cerebral adhesive encephalitis

DUE TO

INTERVAL BETWEEN  
ONSET AND DEATH

1 1/2 yrs

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

atelectasis

19A. DATE OF OPERATION

9 Oct 51

19B. MAJOR FINDINGS OF OPERATION

Internal hydrocephalus

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH

no

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORKNOT WHILE  
AT WORK22. I hereby certify that I attended the deceased from 8-9-1951, to 11-3-1951, that I last saw the  
deceased alive on 11-3-1951, and that death occurred at 1:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

3 Nov 51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

Nov. 6, 1951

24C. NAME OF CEMETERY OR CREMATORY

CAMAQUEY

24D. LOCATION (City, town, or county)

CAMAQUEY,

(State)

Cuba

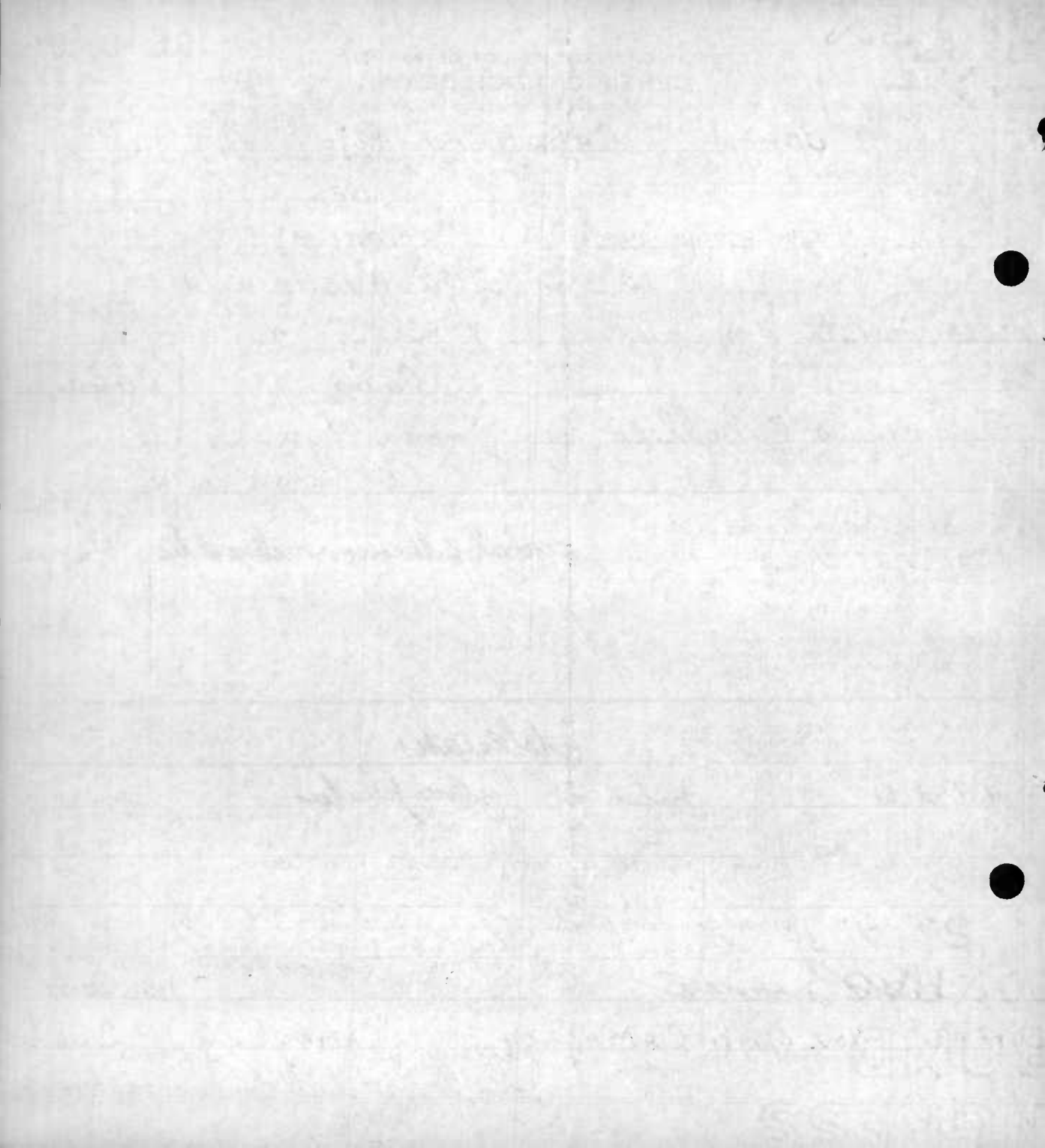
DATE RECEIVED BY  
LOCAL REGISTRAR

NOV 3 - 1951

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



362  
1 9450

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9450

Registered No. \_\_\_\_\_

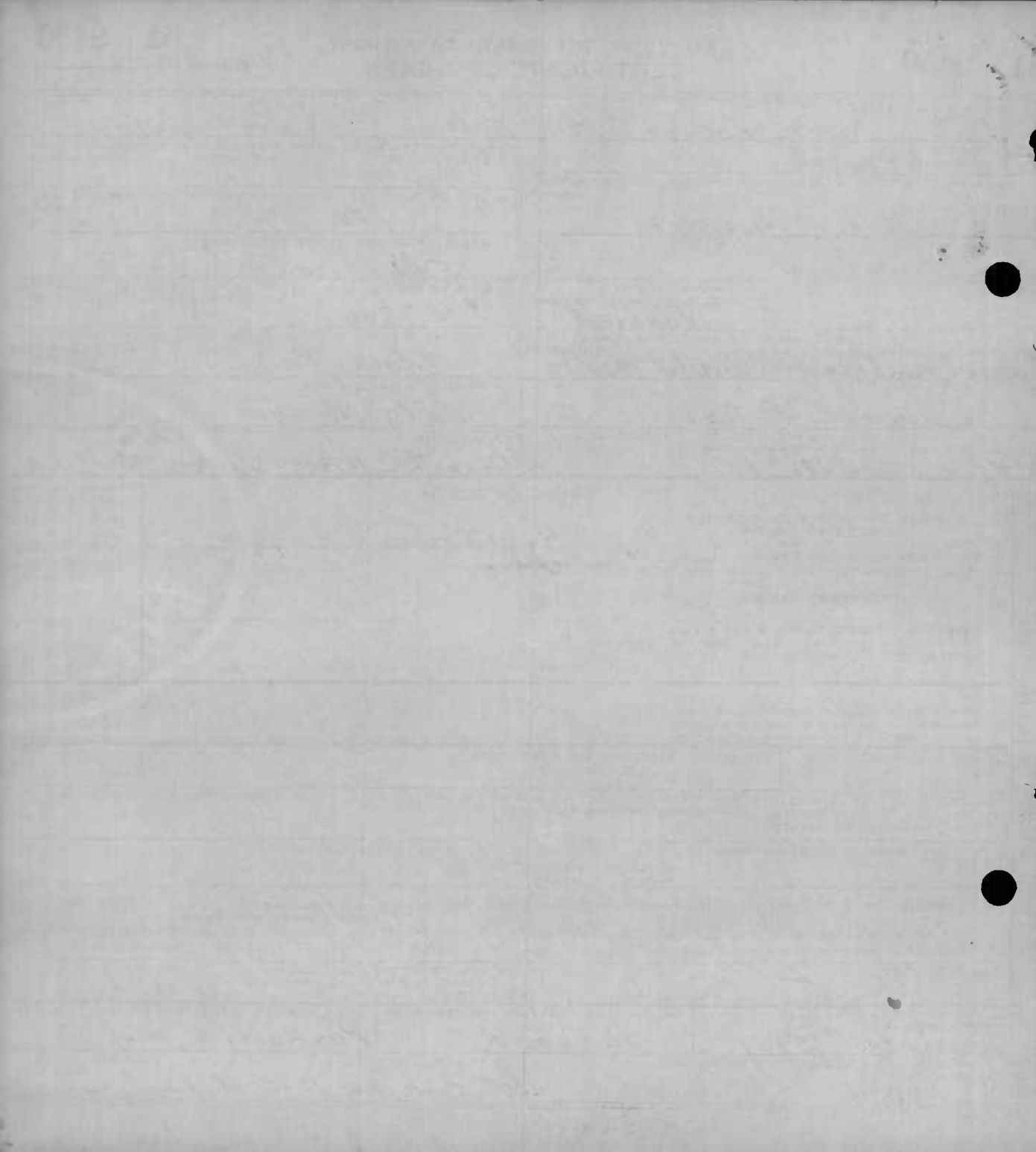
1. NAME OF DECEASED (Type or Print) <i>George M. Peters</i>		2. DATE OF DEATH <i>11/2/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Memor Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Culpeper 17d 9-02</i>	
D. STREET ADDRESS (If rural, give location) <i>1526 Roundhill Rd</i>		E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>10/10/1896</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Regional Truck Manager Chevrolet Motor Co</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Assembly</i>	9. AGE (In years last birthday) <i>55</i>
11. BIRTHPLACE (State or foreign country) <i>York Pa.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Samuel Peters</i>		14. MOTHER'S MAIDEN NAME <i>Lily Myers</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>	(If yes, give war or dates of service) <i>W.W. #1</i>	16. SOCIAL SECURITY NO.	17. INFORMANT <i>Elizabeth C. Peters</i>
ADDRESS <i>1526 Roundhill Rd</i>			

18. <i>443 X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Hypertensive C.V. disease</i>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (A) _____		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____		
DUE TO (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

I certify that I took charge of the remains described above, held an *Inspection* thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>R. H. [Signature]</i>	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>	23C. DATE SIGNED <i>11/2/51</i>
24A. BURIAL-CREMA- TION-REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>11/5/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Parwood</i>
24D. LOCATION (City, town, or county) (State) <i>Parkville Md.</i>	25. FUNERAL DIRECTOR <i>Wm Cook Inc. 1217 St. Paul St.</i>	DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 3 - 1951</i>
REGISTRAR'S SIGNATURE	ADDRESS	



252  
51 9451

51 9451

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Mary Etta Wiggins</i>		2. DATE OF DEATH <i>11/2/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____			
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Maryland General Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 14-03</i>			
D. STREET ADDRESS (If rural, give location) <i>2024 Eutaw Place</i>		Yrs. Mos. Days			
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	
8. DATE OF BIRTH <i>2/21/32</i>		9. AGE (In years last birthday) <i>19</i>		10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <i>Amadel Ice Cream Co</i>		11. BIRTHPLACE (State or foreign country) <i>South Carolina</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>Pat Wiggins</i>		14. MOTHER'S MAIDEN NAME <i>Nona Mae Coley</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>247-46-8343</i>		17. INFORMANT <i>Pat Wiggins</i>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>260X I Diabetic coma</i>		CAUSE OF DEATH (A) <i>Diabetic coma</i> DUE TO (B) <i>Diabetes mellitus</i> DUE TO (C) _____		INTERVAL BETWEEN ONSET AND DEATH <i>1 1/2 days</i> ?	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11/1, 1951</i> , to <i>11/2, 1951</i> , that I last saw the deceased alive on <i>11/2, 1951</i> , and that death occurred at <i>3:00 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Arthur C. Venable MD</i>		23B. ADDRESS <i>Maryland Gen. Hosp</i>		23C. DATE SIGNED <i>11/2/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24B. DATE <i>11/3/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Antioch Presby Church</i>	
24D. LOCATION (City, town, or county) (State) <i>Green S.C.</i>		24E. REGISTRAR'S SIGNATURE <i>Wm Cook Inc.</i>		24F. FUNERAL DIRECTOR <i>1217 St. Paul St.</i>	
24G. DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 3 - 1951</i>		24H. VS 150		69041	

MEDICAL CERTIFICATION

61



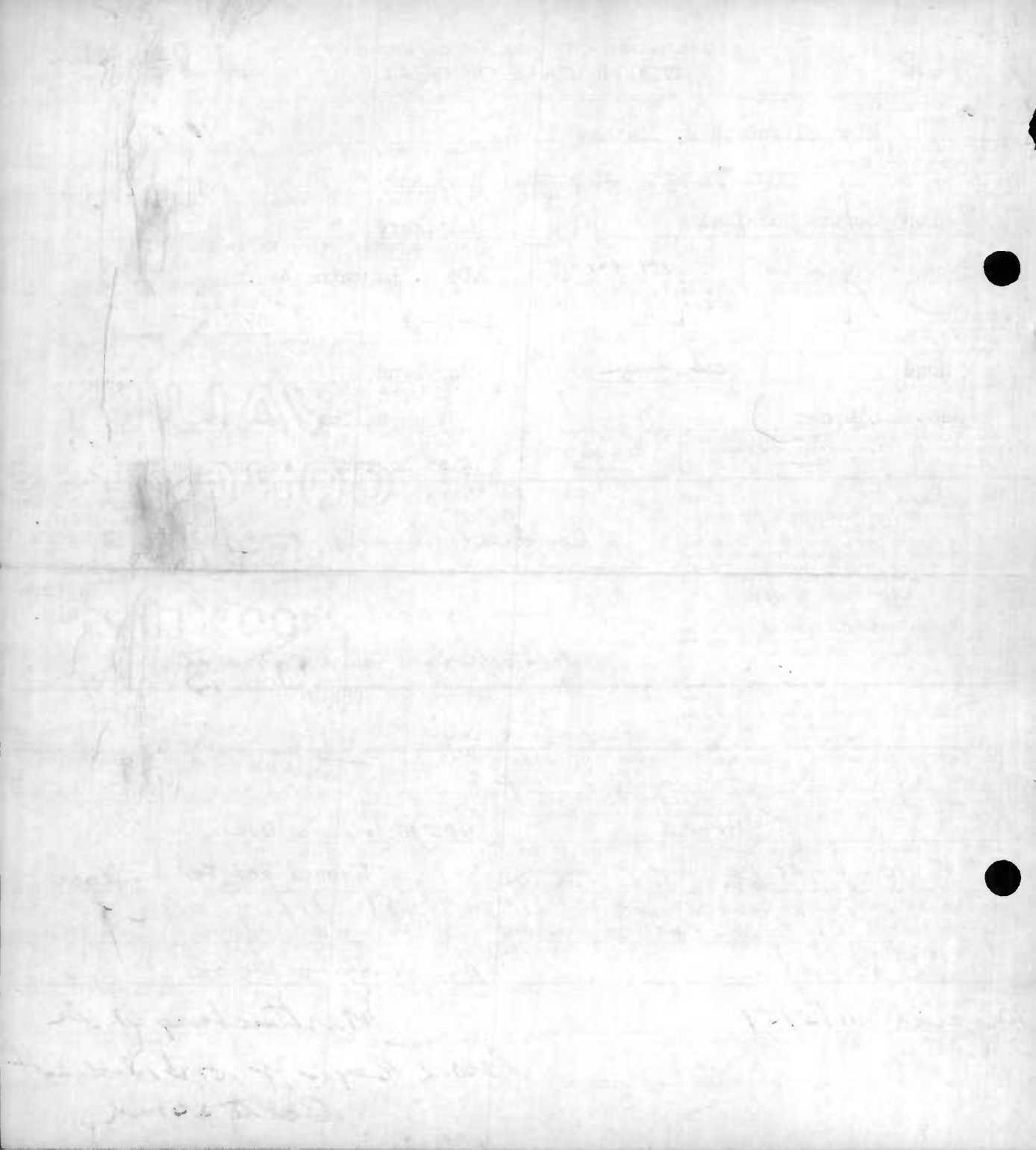
415  
51 9452BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9452

1. NAME OF DECEASED (Type or Print) <b>Miss Elizabeth M. Clapham</b>		2. DATE OF DEATH <b>10/10/51</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>12-03</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bon Secours Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>405 E. Lorraine Ave.</b>		E. LENGTH OF STAY IN BALTIMORE <b>14 yrs.</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>12-31-61</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>at Home</b>	9. AGE (In years last birthday) <b>89</b>
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Samuel Clapham</b>		14. MOTHER'S MAIDEN NAME <b>Sarah Marlow</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>None</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT <b>Miss Rebecca Blackburn</b>		ADDRESS <b>Same</b>	

18. <b>420.1 and E 903.0</b> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <b>Cardiac Arrest</b> DUE TO (B) <b>Coronary occlusion</b> DUE TO (C) <b>Arteriosclerosis and Post-operative Fracture Hip</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Approx. 3 weeks</b> since fracture of hip.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: <b>Fracture Hip</b>		CERTIFICATION APPROVED BY <b>J. DeLoach</b> M.D. CHIEF OR ASST. MEDICAL EXAMINER
19A. DATE OF OPERATION <b>11/1/51</b>	19B. MAJOR FINDINGS OF OPERATION <b>Fracture Hip</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>405 E. Lorraine Ave.</b>
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>10-11-51 6:30 p.m.</b>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <b>Tripped and Fell to floor</b>
22. I hereby certify that I attended the deceased from <b>10/29/1951</b> to <b>11/1/1951</b> , that I last saw the deceased alive on <b>11/1/1951</b> , and that death occurred at <b>3:15 p.m.</b> , from the causes and on the date stated above.		
23A. SIGNATURE <b>D. Shroeder</b> M.D.		23B. ADDRESS <b>Bon Secours Hosp</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>11/5/51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Martinsburg W. Va</b>
24D. LOCATION (City, town, or county) (State) <b>Baltimore Md</b>	25. FUNERAL DIRECTOR <b>Geo. L. Boyer Jr, Sr</b> ADDRESS <b>Balto 23rd 94a</b>	





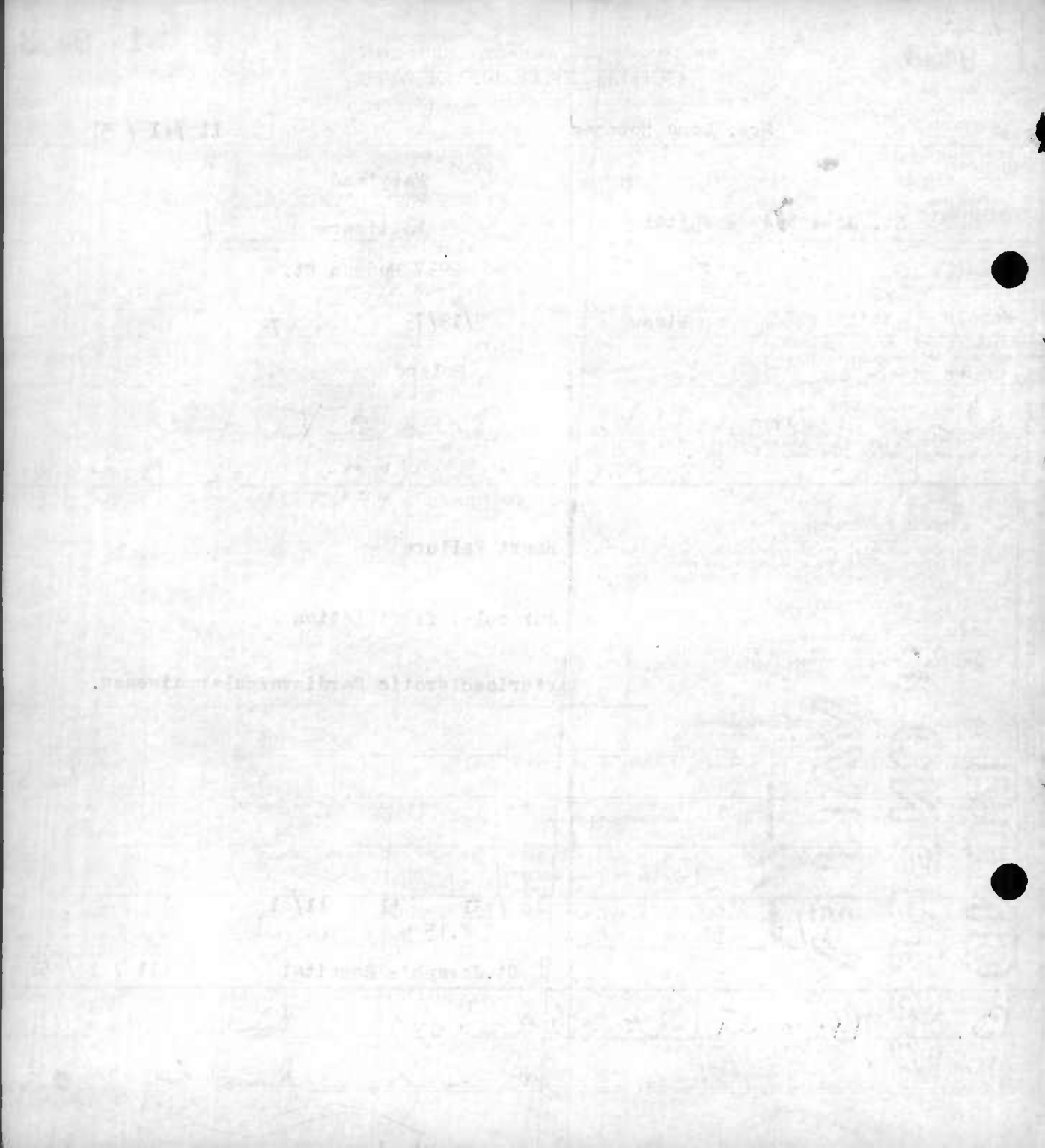
122  
51 9453BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9453

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mrs. Lena Sobczak			2. DATE OF DEATH 11/1/51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 2927 Hudson St.			E. LENGTH OF STAY IN BALTIMORE 55 Yrs. Mos. Days		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 9/19/79	9. AGE (in years last birthday) 72	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10B. KIND OF BUSINESS OR INDUSTRY Home		
11. BIRTHPLACE (State or foreign country) Poland			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Valenty Bogucki			14. MOTHER'S MAIDEN NAME Anna Kurek		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. 218-05-6175		
17. INFORMANT Mrs. Agnes Kenzieske			ADDRESS 2927 Hudson St.		
18. CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)					
(A) Heart Failure DUE TO					
ANTECEDENT CAUSES					
(B) Auricular fibrillation DUE TO					
(C) Arteriosclerotic Cardiovascular disease.					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10/31, 1951, to 11/1, 1951, that I last saw the deceased alive on 11/1, 1951, and that death occurred at 8:15 Pm., from the causes and on the date stated above.					
23A. SIGNATURE [Signature]			23B. ADDRESS St. Joseph's Hospital		23C. DATE SIGNED 11/1/51
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 11.6.51		24C. NAME OF CEMETERY OR CREMATORY St. Stanislaus Diendark	
24D. LOCATION (City, town, or county) (State)		24E. FUNERAL DIRECTOR John J. Wuda Inc.		24F. ADDRESS 2829 Hudson St.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 3 - 1951		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR ADDRESS	



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 9454  
Registered No. \_\_\_\_\_

355  
51 9454  
BIRTH NO. 51-18257

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
BETTY EDMONDS		November 1, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)	
B. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Square Hospital		A. STATE Maryland B. COUNTY _____	
Length of stay in Baltimore 9 wks.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20-01	
Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1908 Penrose Avenue	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 10, 1951
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None (infant)	9B. KIND OF BUSINESS OR INDUSTRY None	9. AGE (In years last birthday) 2	10. Under 1 Year Months: Days: 21
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME James Edmonds		14. MOTHER'S MAIDEN NAME Naomi ????????	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) (Yes, oo or uokooow)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Delma Gordon (worker) Dept. of Public Welfare - Balto.		ADDRESS	

18. 753.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Congenital malformation of brain		INTERVAL BETWEEN ONSET AND DEATH
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. NONE		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE Stanley H. Dunsicker M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>	23C. DATE SIGNED
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Nov. 3, 1951	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn	24D. LOCATION (City, town, or county) (State) Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR NOV 3 - 1951	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR 1601 Duval Hill Ave.
--	-----------------------	--

157D ✓

100-100000

RECEIVED  
OFFICE OF THE  
DIRECTOR

100-100000

Aug. 10, 1941

100-100000

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1660  
9455

51 9455

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

3698

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mary Cryon

2. DATE  
OF  
DEATH

10-31-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

415 Pitman place

4. USUAL RESIDENCE (Where deceased lived. If institution; residence  
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

415 Pitman place

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

8-26-1886

9. AGE (In years  
last birthday)

65

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Petersburg, Va.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Fred Moore

14. MOTHER'S MAIDEN NAME

Marie Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

No

16. SOCIAL  
SECURITY NO.

None

17. INFORMANT

Wallace Cryon 415 Pitman place

ADDRESS

18. 331X I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Cerebral hemorrhage

Arterio Sclerosis

Hypertension

INTERVAL BETWEEN  
ONSET AND DEATH

7 weeks

Unknown

Unknown

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-17, 1951, to 10-31, 1951, that I last saw the  
deceased alive on 10-30, 1951, and that death occurred at 7 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Frank A. Saunders

M. D.

23B. ADDRESS

1029 N. Sturges St.

23C. DATE SIGNED

11-2-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

Nov 5, 1951

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cemetery

24D. LOCATION (City, town, or county)

Cedar Hill,

(State)

Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

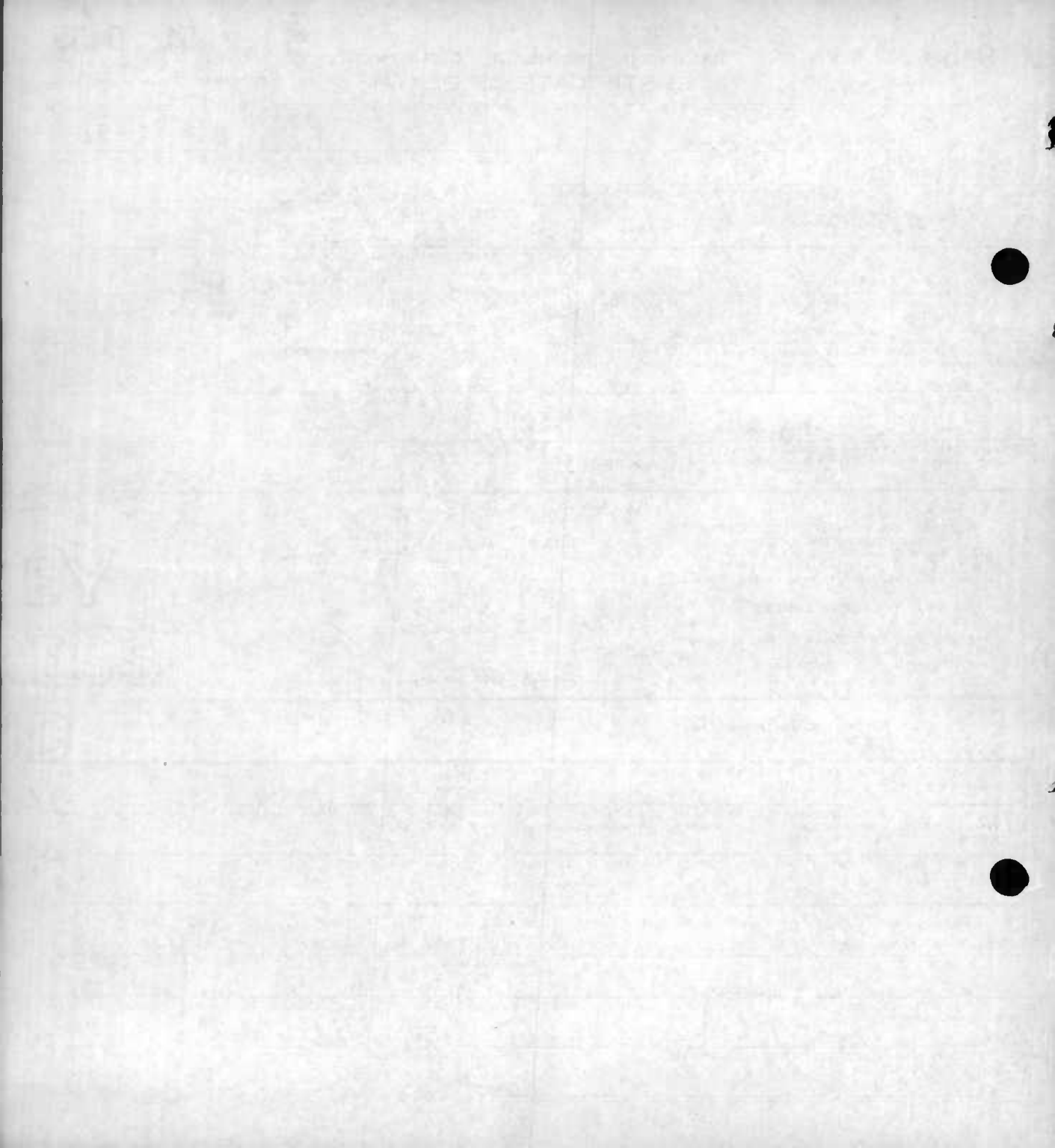
[Signature]

25. FUNERAL DIRECTOR

Mrs. Kate R. Williams

ADDRESS

322 N. Schermer St.





252  
31 9456

51 9456

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. _____		2. DATE OF DEATH <u>11-1-51</u>	
1. NAME OF DECEASED (Type or Print) <u>Roy Washington</u>			
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Baltimore, Md.</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY <u>City</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>1424 Binder's Court</u>		C. CITY OR TOWN, (If outside corporate limits, write RURAL and give township) <u>Baltimore - 25-25-06</u>	
C. Length of stay in Baltimore <u>9</u> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <u>1424 Binder's Court</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Nov. 4, 1916</u>
9. AGE (In years, last birthday) <u>34 yrs</u>		10. Under 1 Year Months: Days: If Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chauffeur</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>See</u>	
11. BIRTHPLACE (State or foreign country) <u>Winn's boro, S. C.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>Joseph Washington</u>		14. MOTHER'S MAIDEN NAME <u>Rebecca Cook</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <u>Johnnie M. Washington</u>		ADDRESS <u>1424 Binder's Ct.</u>	
18. <u>008 X</u> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <u>Koch's Infection</u> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <u>Abscess &amp; Corroding Blood Vessel</u> DUE TO <u>Sternum.</u> (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>Loss of wgt. Dehydration</u>			
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____			
21D. TIME (Month) (Day) (Year) (Hour) INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>10-29</u> , 19 <u>51</u> , to <u>11-1</u> , 19 <u>51</u> that I last saw the deceased alive on <u>10-31</u> , 19 <u>51</u> , and that death occurred at <u>9:15 pm.</u> , from the causes and on the date stated above.			
23A. SIGNATURE <u>Jerry L. Huck</u> M. D.		23B. ADDRESS <u>427 Swale ave</u>	
23C. DATE SIGNED <u>11-1-51</u>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Shipped</u>		24B. DATE <u>11/3/1951</u>	
24C. NAME OF CEMETERY OR CREMATORY <u>Winn's boro S. C.</u>		24D. LOCATION (City, town, or county) (State) <u>Winn's boro S. C.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>NOV 3 - 1951</u>		REGISTRAR'S SIGNATURE <u>Mr. Kate R. Williams</u>	
25. FUNERAL DIRECTOR <u>Mr. Kate R. Williams</u>		ADDRESS <u>322 N. Schroeder St.</u>	

CONFIDENTIAL

SECRET

U. S. A.

654  
51 9457

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9457

BIRTH NO.		
1. NAME OF DECEASED (Type or Print) <b>ARNOLD, Mabel L.</b>		2. DATE OF DEATH <b>11-1-51</b>
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Baltimore</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Franklin Sq. Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 25-04</b>
D. STREET ADDRESS (If rural, give location) <b>3446 Hanover st</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>W.</b>
8. DATE OF BIRTH <b>10-29-1894</b>		9. AGE (In years last birthday) <b>57</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Home</b>
11. BIRTHPLACE (State or foreign country) <b>Balt.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>C. L. Grosh</b>		14. MOTHER'S MAIDEN NAME <b>Mary J. Cebrowski</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no.</b>		16. SOCIAL SECURITY NO.
17. INFORMANT <b>Family</b>		ADDRESS
18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>coronary Thrombosis</b> DUE TO <b>arteriosclerosis</b> DUE TO <b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>		
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <b>10-26, 1951</b> , to <b>11-1, 1951</b> , that I last saw the deceased alive on <b>11-1, 1951</b> , and that death occurred at <b>2 p.m.</b> , from the causes and on the date stated above.		
23A. SIGNATURE <b>M. B. Cebrowski</b>		23B. ADDRESS <b>Franklin Sq. Hospital</b>
23C. DATE SIGNED <b>11.1.51</b>		
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <b>11.5.51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>GLEN HAVEN</b>
24D. LOCATION (City, town, or county) <b>Glen Burnie</b>		(State)
DATE RECEIVED BY LOCAL REGISTRAR <b>NOV 3 - 1951</b>	REGISTRAR'S SIGNATURE <b>William Williams</b>	25. FUNERAL DIRECTOR <b>J. L. Kelly</b>
25. ADDRESS <b>130 E. Fort Ave.</b>		

MEDICAL CERTIFICATION

STATE OF NEW YORK  
OFFICE OF THE ATTORNEY GENERAL

IN SENATE  
JANUARY 1, 1911

REPORT  
OF THE  
ATTORNEY GENERAL  
FOR THE YEAR  
1910

ALBANY:  
J.B. LIPPINCOTT & CO.  
1911

500  
51 9458BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9458  
Registered No.

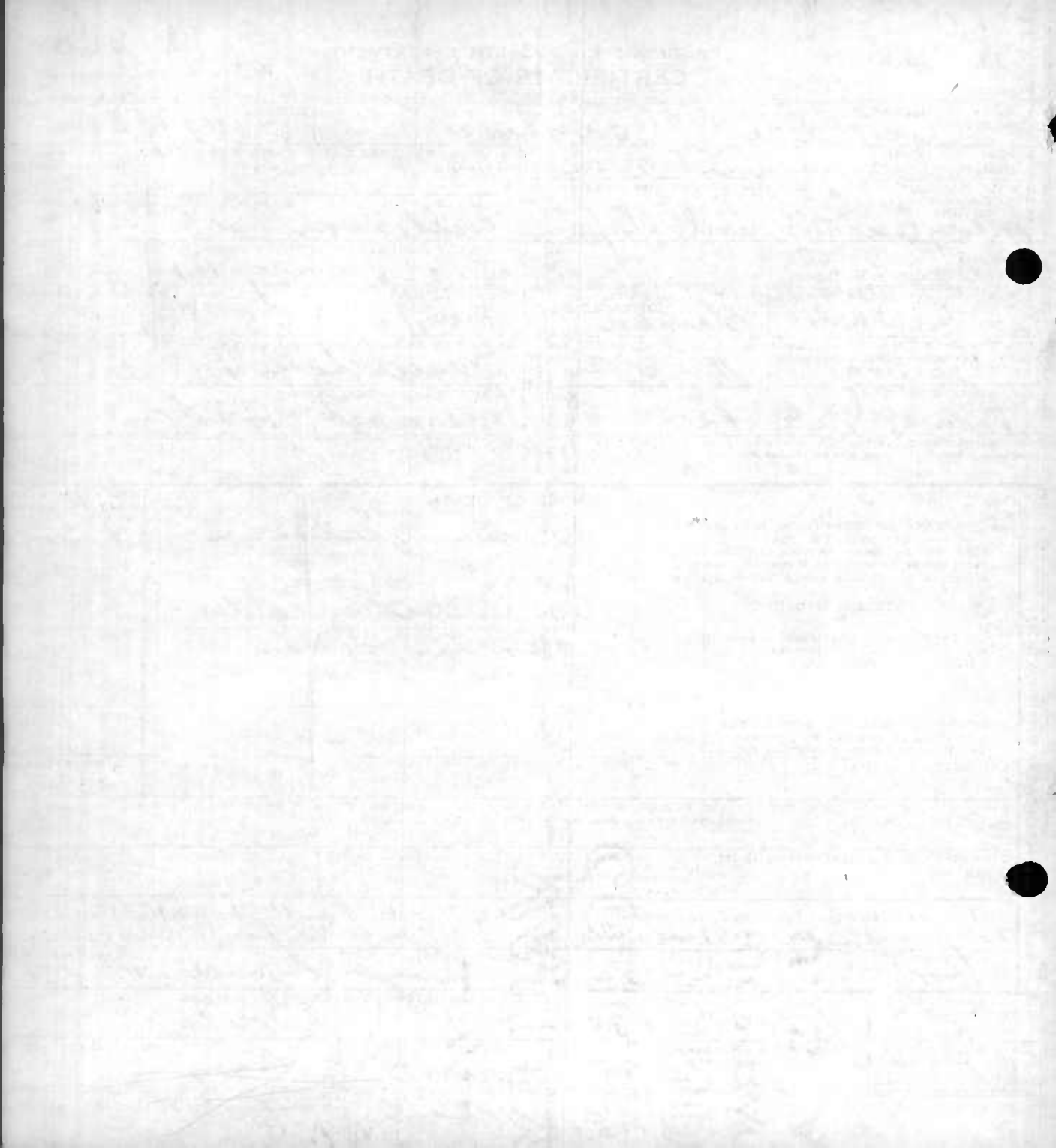
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Geraldine C. Connaway</i>			2. DATE OF DEATH <i>11/1/51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE _____ B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Maryland General Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write U.S.A., and give township) <i>Baltimore 24-04</i>		
D. STREET ADDRESS (If rural, give location) <i>1516 Bakery Ave #30</i>			E. DATE OF BIRTH <i>Jan 7, 1893</i>		
F. AGE (In years last birthday) <i>58</i>			G. BIRTHPLACE (State or foreign country) <i>Massachusetts</i>		
H. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			I. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
J. FATHER'S NAME <i>Thomas M. Kee</i>			K. MOTHER'S MAIDEN NAME <i>Margaret Huston</i>		
L. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			M. SOCIAL SECURITY NO.		
N. INFORMANT			O. ADDRESS		

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) <i>Crown artery occlusion</i> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <i>Arteriosclerotic cardio-vascular disease</i> DUE TO		?	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)			

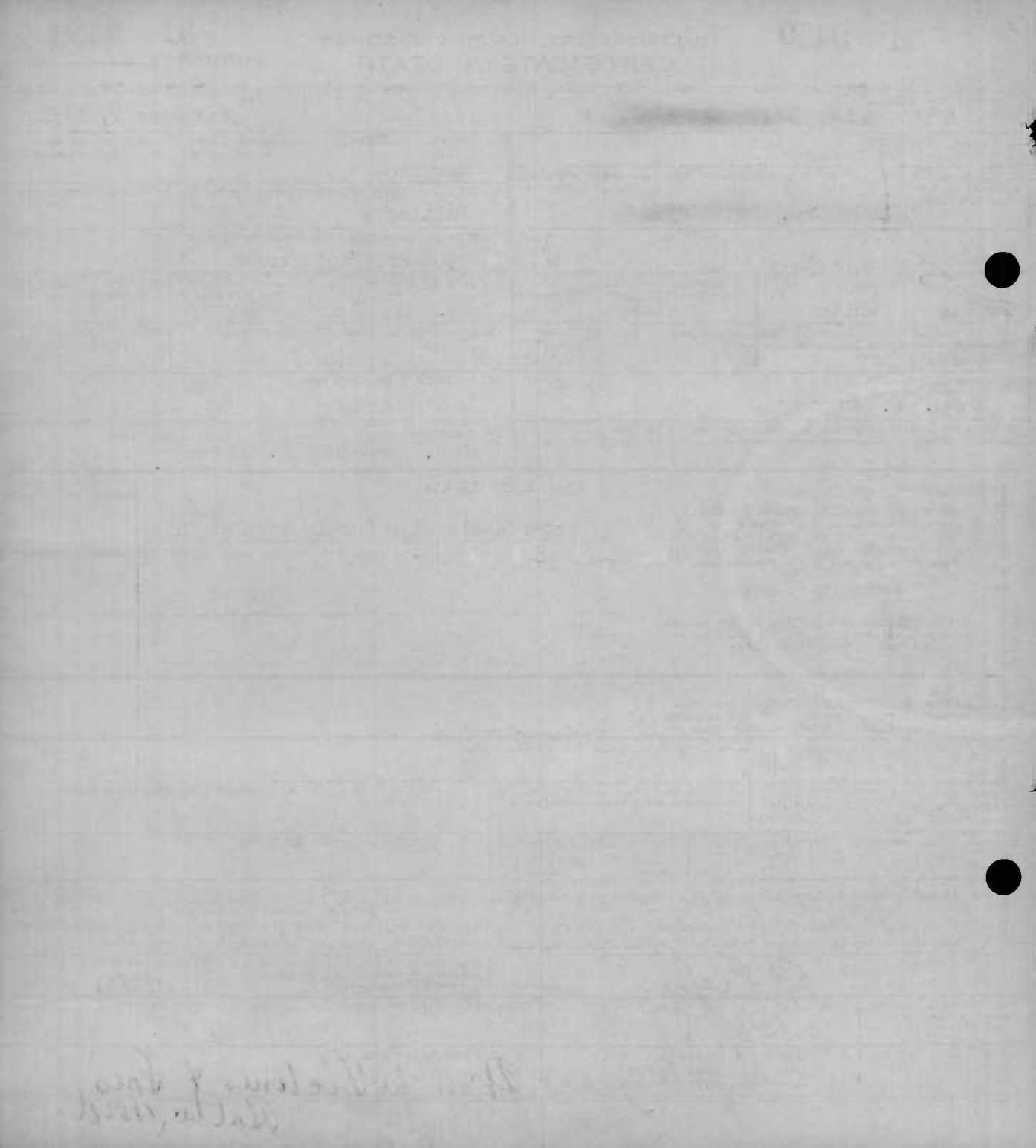
19A. DATE OF OPERATION <i>11/1/51</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10/31/51</i> , to <i>11/1/51</i> that I last saw the deceased alive on <i>11/1/51</i> , and that death occurred at <i>11:50 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Anthony C. Kenone</i>		23B. ADDRESS <i>Maryland Gen. Hosp.</i>		23C. DATE SIGNED <i>11/2/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>11.6.51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Cedar Hill</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 3 - 1951</i>		24F. REGISTRAR'S SIGNATURE <i>James H. ...</i>	
24G. FUNERAL DIRECTOR <i>James H. ...</i>		24H. ADDRESS		24I. DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 3 - 1951</i>	

690 46 130 E. ... 93D



93) Katto, Md.





55  
51 9460

BALTIMORE CITY HEALTH DEPARTMENT

51 9460

Registered No.

BIRTH NO.

## CERTIFICATE OF DEATH

Frances

1. NAME OF DECEASED  
(Type or Print)

Mildred A. Coft man

2. DATE  
OF  
DEATH

11-3-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md.

B. COUNTY

Washington

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Hagens town

D. STREET ADDRESS (If rural, give location)

208 Hagen St. 7103

Length of stay in Baltimore

1

Yrs  
Mos  
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Oct. 29, 1876

9. AGE (In years  
last birthday)

75

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Homemaker

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

James E. Roanty

14. MOTHER'S MAIDEN NAME

Sarah E. Linkey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Rheumatic Cardiac Valvular Disease

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Generalized Arteriosclerosis

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 10, 1951, to Nov 3, 1951, that I last saw the deceased alive on Nov 3, 1951, and that death occurred at 4:35 A.M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

11-3-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

11/5/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Crem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

Thos. J. Tickner &amp; Sons

ADDRESS

Barto, Md 93c

BOOKS  
COMP  
WILEY

65 51 9461

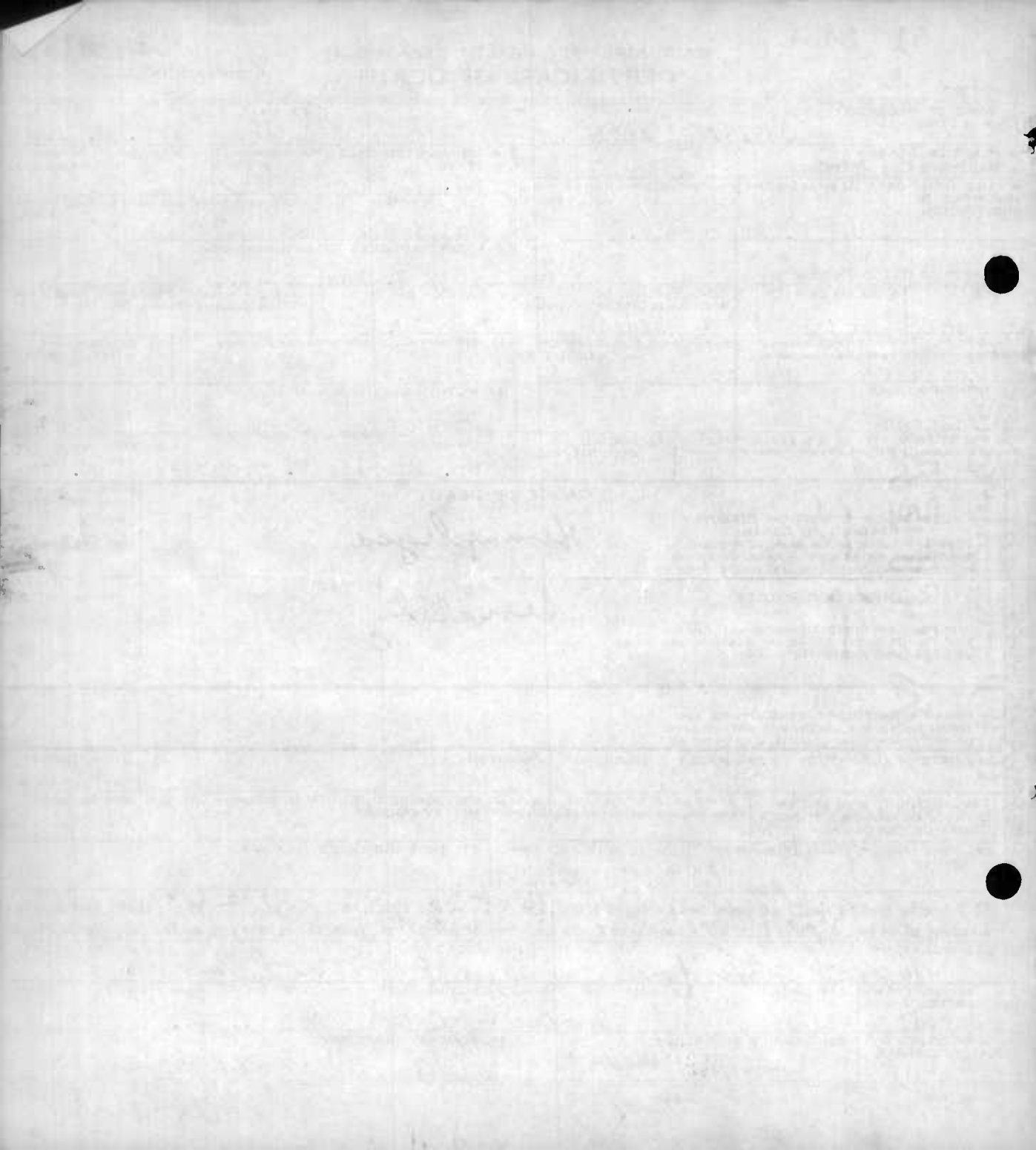
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9461  
Registered No.

BIRTH NO.		2. DATE OF DEATH <i>Nov. 2, 1951</i>	
1. NAME OF DECEASED (Type or Print) <i>CHRISTINA ADRIAN</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY	
3. PLACE OF DEATH: A. Baltimore City, Maryland		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 15-02</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>1817 N. Monroe St.</i>		D. STREET ADDRESS (If rural, give location) <i>1817 N. Monroe St.</i>	
5. SEX <i>female</i>		8. DATE OF BIRTH <i>June 10, 1875</i>	
6. COLOR OR RACE <i>white</i>		9. AGE (In years last birthday) <i>76</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at home</i>	
11. BIRTHPLACE (State or foreign country) <i>Germany</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Unknown</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mr. Maurice T. Brophy-1817 N. Mon-</i>		ADDRESS <i>roe St.</i>	

18. <i>334X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Hemiplegia</i> (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Senility -</i> (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Oct 30, 1951</i> , to <i>Nov 2, 1951</i> ; that I last saw the deceased alive on <i>Nov 1, 1951</i> and that death occurred at <i>12:05 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Corral Gordon</i>		23B. ADDRESS <i>300 E. North Ave</i>		23C. DATE SIGNED <i>11-3-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>11/5/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral Cem</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto., Md.</i>		24E. NAME OF CEMETERY OR CREMATORY <i>Balto., Md.</i>		24F. LOCATION (City, town, or county) (State) <i>Balto., Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 4 - 1951</i>		REGISTRAR'S SIGNATURE <i>W. J. Williams, Jr.</i>		25. FUNERAL DIRECTOR <i>Wm. J. Pickner &amp; Sons</i>	
VS 150				ADDRESS <i>Balto Md.</i>	

MEDICAL CERTIFICATION



51 9462

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

51 9462

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Sven Lawson

2. DATE  
OF  
DEATH

11-2-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Union Memorial Hosp.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Md.

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Towson

D. STREET ADDRESS (If rural, give location)

203 Highmuth Rd. 5200

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

Jan 28, 1887

9. AGE (In years  
last birthday)

64

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Marine Engineer - (Retired) Socomevacuum

10B. KIND OF BUSINESS OR  
INDUSTRY

CO. Water Taps

11. BIRTHPLACE (State or foreign country)

Sweden

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Sars Sarsen

14. MOTHER'S MAIDEN NAME

Christie Olson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

unknown

16. SOCIAL  
SECURITY NO.

17. INFORMANT

p.t.

ADDRESS

18. 470.0 I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) arteriosclerotic heart disease

DUE TO

7 years

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) generalized arteriosclerosis

DUE TO

7 years

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONITION CAUSING IT.hypertension, right  
Pulmonary infarction, right middle lobe

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-15, 1951, to 11-2, 1951, that I last saw the  
deceased alive on 11-2, 1951, and that death occurred at 12:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Alfred S. Nelson

M. D.

23B. ADDRESS

Union Memorial Hosp.  
Baltimore, Md.

23C. DATE SIGNED

Nov 2, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

Nov. 5, 1951

24C. NAME OF CEMETERY OR CREMATORY

St. Matthews Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

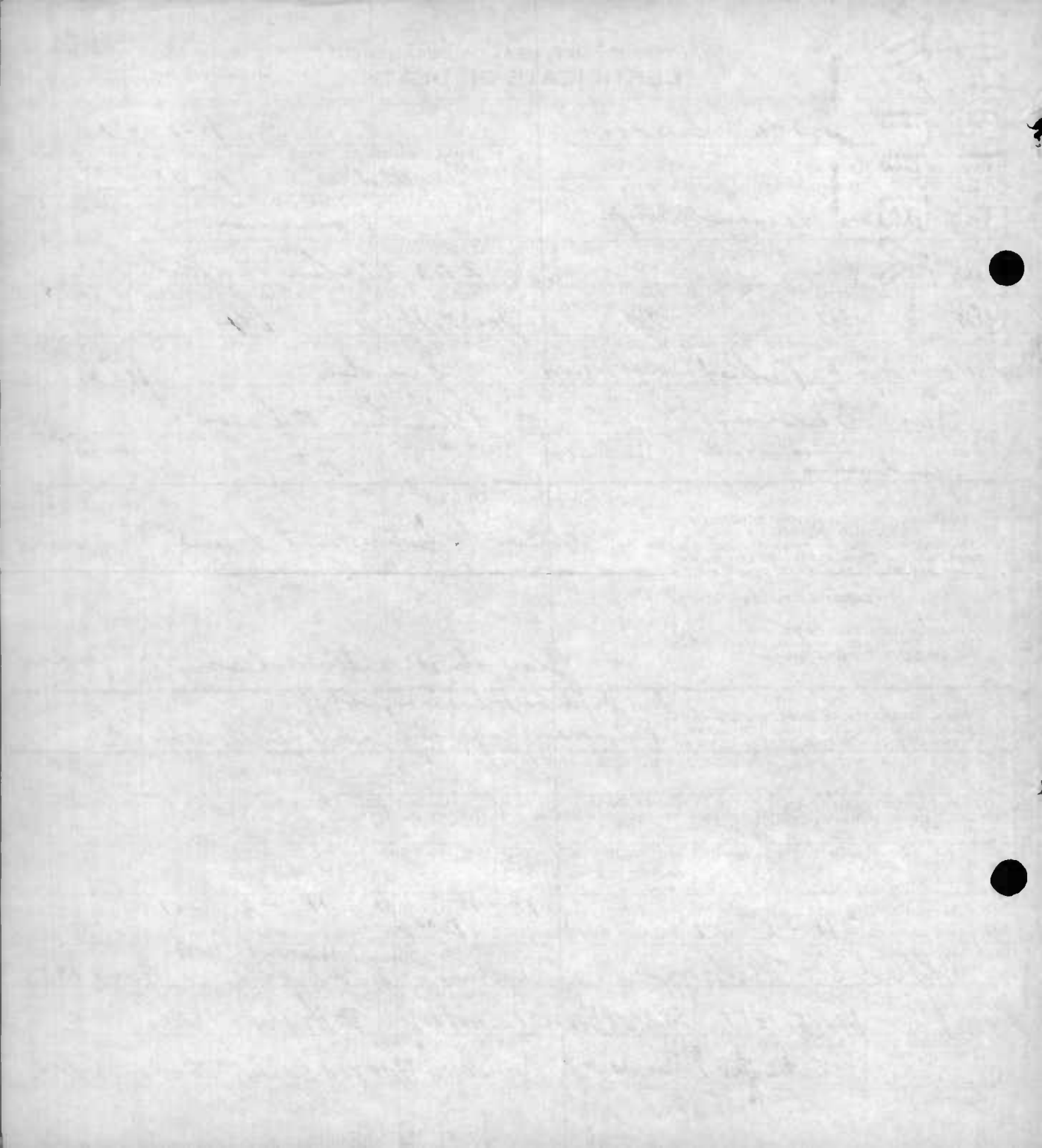
John Burns' Sons, Towson, Md.

VS 150

240 55 450

937

MEDICAL CERTIFICATION





# CERTIFICATE CORRECTED

11-15-51

AB-153267

51

9463

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No. 51 9463

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Winthrop Drinkwater		11-3-1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-05	
D. STREET ADDRESS (If rural, give location) 323 Hornell St. zone 24			
5. SEX M		6. COLOR OR RACE W	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH March 18-1881	
9. AGE (In years last birthday) 70		10. If Under 1 Year Months: Days	
11. BIRTHPLACE (State or foreign country) Maine		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John Drinkwater		14. MOTHER'S MAIDEN NAME Leona M. Clark	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMATION ADDRESS Baltimore City Hospitals Records: 4940 Eastern Ave.			
18. I E842 X CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardiovascular Disease		11days	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Fracture right Hip		CERTIFICATION APPROVED BY William Updegraff M.D. CHIEF OR ASST. MEDICAL EXAMINER	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 10-23-1951		19B. MAJOR FINDINGS OF OPERATION Intertrochanteric fracture, right femur	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDER- Lying <input checked="" type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) On the street	
21C. WHERE DID INJURY OCCUR? On the street - Gusryan & Eastern		21D. TIME (Month) (Day) (Year) (Hour) 10-20-1951	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Fell while walking on the street	
22. I hereby certify that I attended the deceased from 10-20-1951, to 11-3-1951, that I last saw the deceased alive on 11-3-1951, and that death occurred at 7A m., from the causes and on the date stated above.			
23A. SIGNATURE P. S. Rozen M.D.		23B. ADDRESS 4940 Eastern Ave. Baltimore, Md.	
23C. DATE SIGNED 11-3-1951			
24A. BURIAL, CREMATION, REMOVAL (Specify) Buried		24B. DATE 11/3/51	
24C. NAME OF CEMETERY OR CREMATORY Holy Cross		24D. LOCATION (City, town, or county) (State) Malden Mass	
24E. DATE RECEIVED BY LOCAL REGISTRAR NOV 4 - 1951		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24G. FUNERAL DIRECTOR J. J. Coffey		24H. ADDRESS 1219 St Paul St	

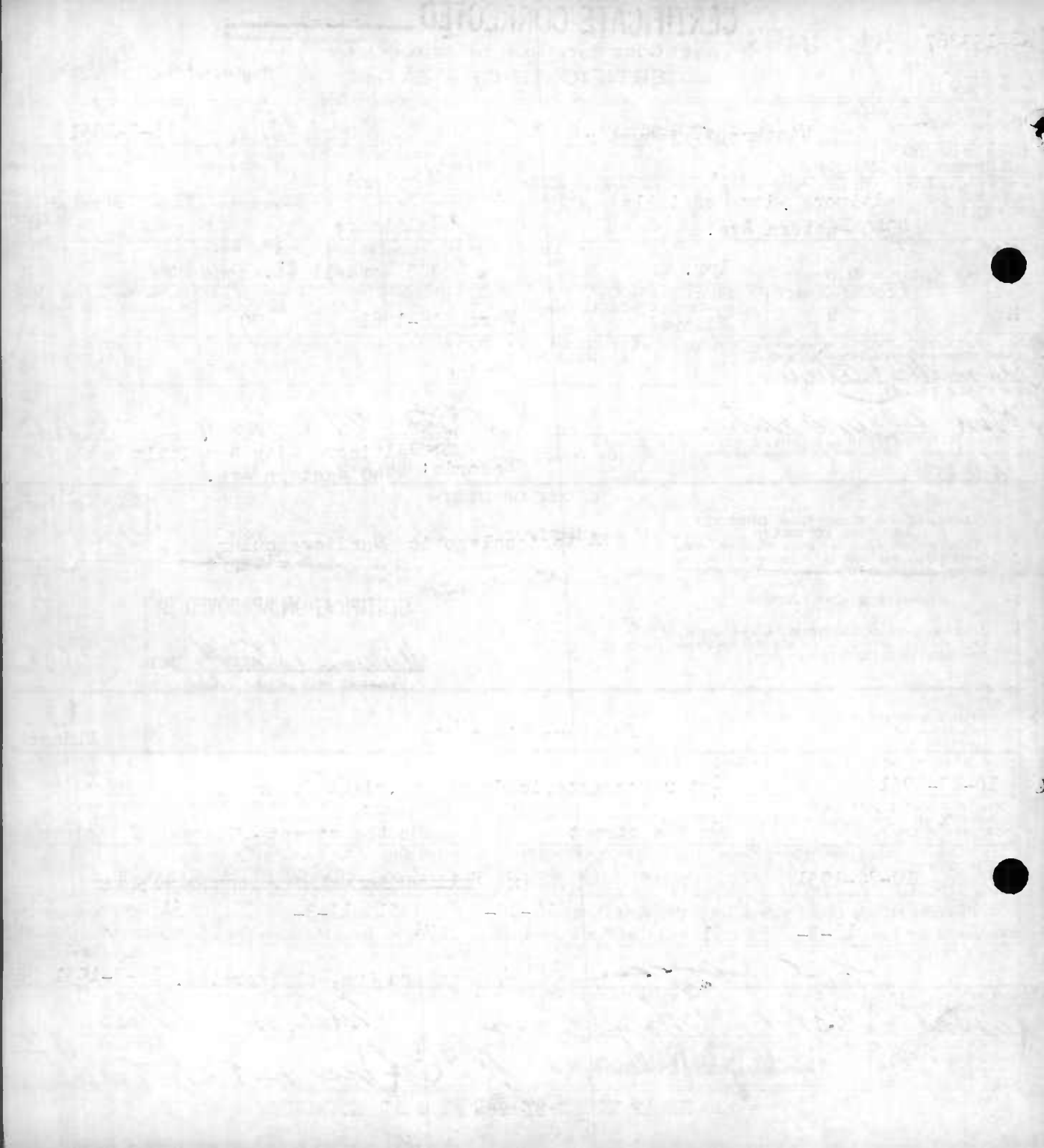
VS 150

N-820.0

TO BE APPROVED BY THE MEDICAL EXAMINER

96052

186a



51 9464

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9464  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

HARRY E BAUMOHL

2. DATE OF DEATH  
November 1, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE  
Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Emerson Hotel

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

4-01

D. STREET ADDRESS (If rural, give location)

Emerson Hotel Calvert &amp; Baltimore St

E. Length of stay in Baltimore

39 Yrs

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

B. DATE OF BIRTH

June 15, 1896

9. AGE (In years last birthday)

55

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Whole Sale Jewellery

10B. KIND OF BUSINESS OR INDUSTRY

business - Proprietor

11. BIRTHPLACE (State or foreign country)

Hungary

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Bernard Baumohl

14. MOTHER'S MAIDEN NAME

Fannie Kessler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Jacob P Baumohl

ADDRESS

3226 Carlisle Ave

18. 4201

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Occlusion

20 min

DUE TO

Coronary Heart Disease 2 years

## ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from May 26, 1949, to Nov 1, 1951, that I last saw the deceased alive on Nov 1, 1951, and that death occurred at 7:53 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Leonard W. Wallenstein

M. D.

23B. ADDRESS

848 W. 36th St

23C. DATE SIGNED

Nov 2, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Nov 4, 1951

24C. NAME OF CEMETERY OR CREMATORY

Zemach Zedeck Cong Cemetery

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Sol Levinson &amp; Burs

ADDRESS

1126 W North ave

29068

94a

COMPAGNIE  
U. S.

51 9465

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

51 9465

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

WALTER J. CRISMER

2. DATE  
OF  
DEATH

November 2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

South Baltimore General

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

Maryland

B. COUNTY

Baltimore

before admission)

C. CITY OR TOWN

Woodlawn

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Flannery Road

Length of stay in Baltimore

Yrs.  
Mos.  
Days

SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Divorced

8. DATE OF BIRTH

April 5, 1891

9. AGE (in years  
last birthday)

60 yrs

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Contractor &amp; Builder

10B. KIND OF BUSINESS OR  
INDUSTRY

Building

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

George E. Crismer

14. MOTHER'S MAIDEN NAME

Blanche M. Hall

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

212-16-3308

17. INFORMANT

Mr. Walter E. Crismer, 6227 Liberty Road  
Woodlawn, Md.

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

Arteriosclerotic Cardiovascular Disease

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☒  
ASSISTANT MEDICAL EXAMINER ☐  
M.D. MEDICAL INVESTIGATOR ☐23C. DATE SIGNED  
11/2/5124A. BURIAL, CREMA-  
TION, REMOVAL (Specify)  
Burial

24B. DATE

Nov. 5, 1951

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cemetery

24D. LOCATION (City, town, or county)

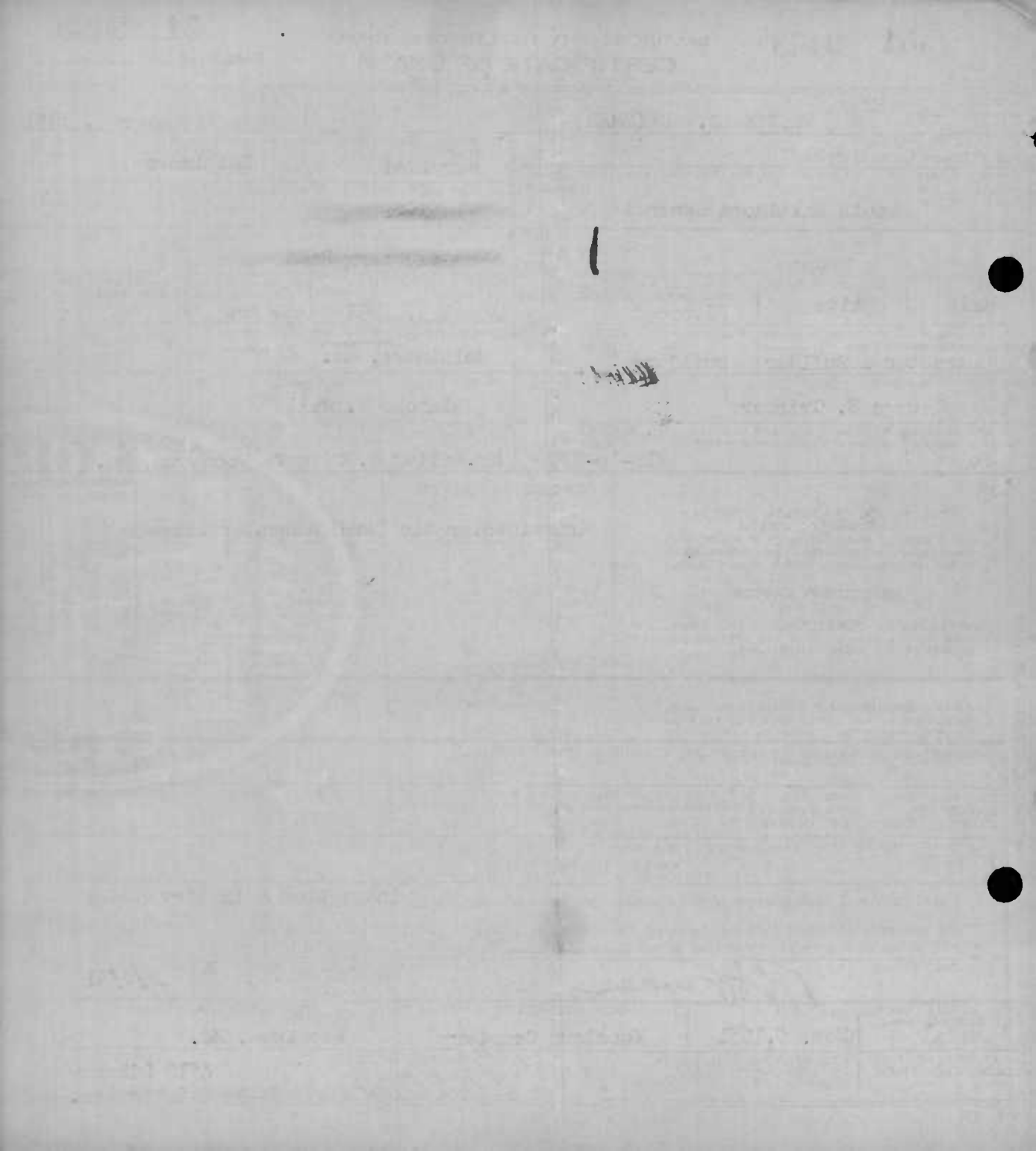
Woodlawn, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

E. William Lamoreaux  
4510 Liberty Heights Ave.



51 9466

51 9466

## BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 51-24730

1. NAME OF DECEASED  
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)16. SOCIAL  
SECURITY NO.

17. INFORMANT

12. CITIZEN OF  
WHAT COUNTRY?

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 23, 1951, to Oct 24, 1951, that I last saw the  
deceased alive on Oct 24, 1951, and that death occurred at 4:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

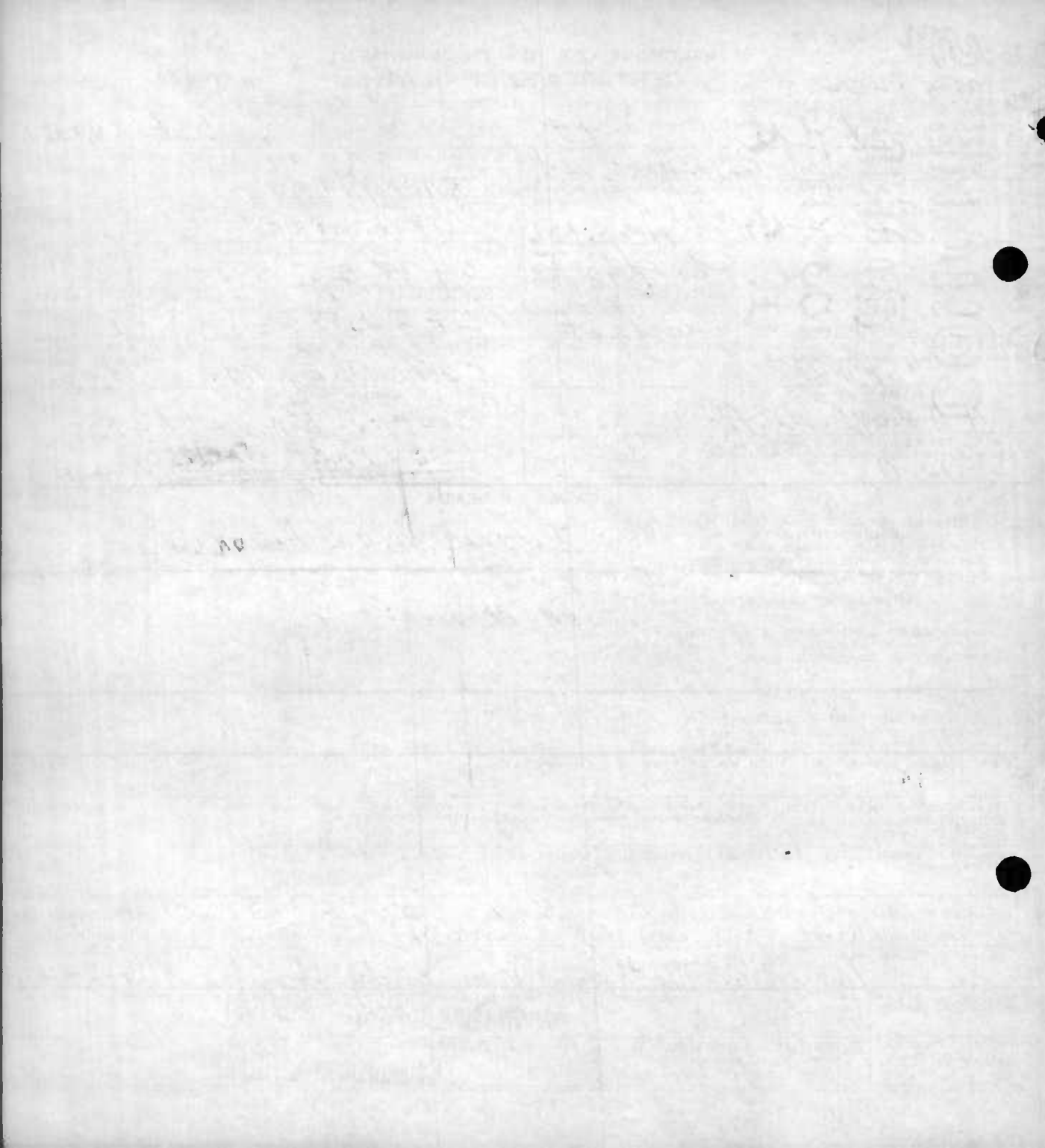
ADDRESS

NOV 4 - 1951

Huntington Williams

Commissioner of Health





51 9467

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 9467

BIRTH NO. 51-24435

1. NAME OF DECEASED  
(Type or Print)

Baby Boy Lathe

2. DATE  
OF  
DEATH

10-20-51

3. PLACE OF DEATH

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

University Hospital

Yrs.  
Mos.  
Days

Length of stay in Baltimore new born

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

11-19-51

9. AGE (In years  
last birthday)

24 mos.

If Under 1 Year  
Months Days  
If Under 24 Hours  
Hours Min.

24

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Walter J. Lathe

14. MOTHER'S MAIDEN NAME

Nellie Sweet

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Nellie Lathe

18. 7625 I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/19, 1951, to 10/20, 1951, that I last saw the  
deceased alive on 10/19, 1951, and that death occurred at 2:40 A.M., from the causes and on the date stated above.

23A. SIGNATURE

James M. Brian

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

10/20/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

UNIVERSITY MEDICAL SCHOOL OCT 26 1951

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

W. H. Williams, Jr.

25. FUNERAL DIRECTOR

Commissioner of Health

ADDRESS



51 9468

51 9468

## BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 51-21525

1. NAME OF DECEASED  
(Type or Print)

Lorenzo

Rice

2. DATE  
OF  
DEATH

9/15/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Providence

Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balt.

16-01

D. STREET ADDRESS (If rural, give location)

1041 W. Lanvale Street

C. Length of stay in Baltimore

3

Yrs.

Mos.

Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9/13/51

9. AGE (In years last birthday)

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

3

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balt., Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Louis

Rice

14. MOTHER'S MAIDEN NAME

Lillian Williams

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mother

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

congenital atelectasis

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

prematurity

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/13, 1951, to 9/15, 1951, that I last saw the deceased alive on 9/15, 1951, and that death occurred at 8:15 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Lorenzo Rice

M. D.

Woodward Hospital

10/19/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

UNIVERSITY MEDICAL SCHOOL OCT 3 1 1951

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 4 - 1951

Lillian Williams, M.D.

Commissioner of Health



51 9469

51 9469

## BALTIMORE CITY HEALTH DEPARTMENT

Registered No.

## CERTIFICATE OF DEATH

BIRTH NO. 51-25590

1. NAME OF DECEASED

(Type or Print)

BABY PARISEAU

2. DATE

OF DEATH

10-30-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Church Home + Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

5605 Burt Ave. - Section apart.

O. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore

Yrs. 2 Mos. Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Newborn

8. DATE OF BIRTH

10-28-51

9. AGE (In years last birthday)

If Under 1 Year

Months: Days

0 2 - -

If Under 24 Hours

Hours: Min.

-

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

HENRY PARISEAU

14. MOTHER'S MAIDEN NAME

Julia TENAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Church Home + Hospital

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ~~Placental Abruption~~

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Bilateral complete Atelectasis.

DUE TO Progression from R. Lobe

(C) ~~Pneumonia~~ Atelectasis

INTERVAL BETWEEN ONSET AND DEATH

48 hrs

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Prematurity

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-29, 1951, to 10-30, 1951, that I last saw the deceased alive on 10-30, 1951, and that death occurred at 12:25 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 4 - 1951

Commissioner of Health

WATER AT OIL FIELD

1941

1. The water at the oil field is of the following quality:

2. The water is of the following composition:

3. The water is of the following character:

4. The water is of the following color:

5. The water is of the following odor:

6. The water is of the following taste:

7. The water is of the following hardness:

8. The water is of the following salinity:

9. The water is of the following pH:

10. The water is of the following total dissolved solids:

11. The water is of the following total suspended solids:

12. The water is of the following total organic carbon:

13. The water is of the following total nitrogen:

14. The water is of the following total phosphorus:

15. The water is of the following total sulfur:

16. The water is of the following total chlorine:

17. The water is of the following total bromine:

18. The water is of the following total iodine:

19. The water is of the following total fluorine:

20. The water is of the following total selenium:

21. The water is of the following total tellurium:

22. The water is of the following total mercury:

23. The water is of the following total lead:

24. The water is of the following total cadmium:

25. The water is of the following total copper:

26. The water is of the following total zinc:

27. The water is of the following total nickel:

28. The water is of the following total cobalt:

29. The water is of the following total manganese:

30. The water is of the following total iron:

31. The water is of the following total aluminum:

32. The water is of the following total silicon:

33. The water is of the following total boron:

34. The water is of the following total lithium:

35. The water is of the following total potassium:

36. The water is of the following total sodium:

37. The water is of the following total calcium:

38. The water is of the following total magnesium:

39. The water is of the following total barium:

40. The water is of the following total strontium:

41. The water is of the following total rubidium:

42. The water is of the following total cesium:

43. The water is of the following total francium:

44. The water is of the following total actinium:

45. The water is of the following total thorium:



## CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)BERNEY C.  
BERNIE-----N.

PIERCE

2. DATE  
OF  
DEATH

November 3, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

South Baltimore General Hospital

Yrs.  
Mos.  
Days

Length of stay in Baltimore

SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1910

9. AGE (In years  
last birthday)

42-41

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Repair Man

10B. KIND OF BUSINESS OR  
INDUSTRY

Belmont Amusement

11. BIRTHPLACE (State or foreign country)

Mobile, Ala.

12. CITIZEN OF  
WHAT COUNTRY

U.S.

13. FATHER'S NAME

Curtis Pierce.

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

2nd W.W.

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Myrtle I. Pierce. Severna Park, Md.

18. 331X I

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Intracerebral hemorrhage

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

M.D.

23B. CHIEF MEDICAL EXAMINER ☐  
ASSISTANT MEDICAL EXAMINER ☒  
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED  
Nov. 3, 195124A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

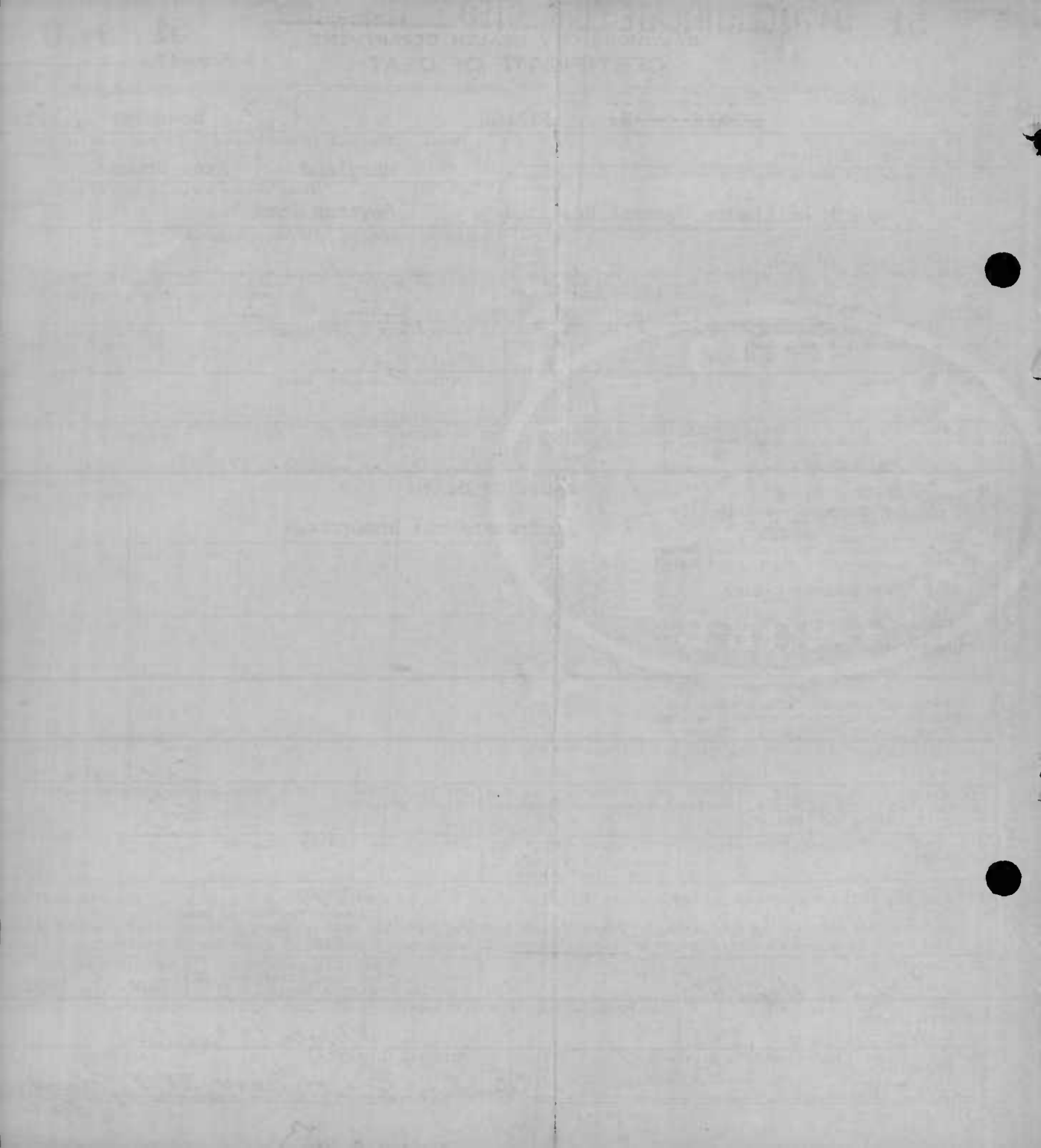
25. FUNERAL DIRECTOR

ADDRESS

VS 151

554 8M

83a Ave



51 9471

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9471  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>CECILIA V. DOLAN</b>		2. DATE OF DEATH <b>NOV. 2, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MD.</b> B. COUNTY <b>11-04</b>			
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>4506 FREDERICK AVE.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTO.</b>			
Length of stay in Baltimore <b>LIFE</b>		D. STREET ADDRESS (If rural, give location) <b>228 W. LANVALE</b>			
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>		8. DATE OF BIRTH <b>JAN. 24, 1884</b>	9. AGE (In years last birthday) <b>67</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>TEACHER</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>PUBLIC SCHOOLS</b>		11. BIRTHPLACE (State or foreign country) <b>MD.</b>	
13. FATHER'S NAME <b>DANIEL DOLAN</b>		14. MOTHER'S MAIDEN NAME <b>ANN TANNYANNE</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT <b>ANNE D. GODWIN</b>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CAUSE OF DEATH</b> <b>Hemiplegia</b> <b>Cardiovascular Disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 mo</b>			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Aug. 1951</b> , to <b>Nov. 2, 1951</b> , that I last saw the deceased alive on <b>Oct. 25, 1951</b> , and that death occurred at <b>9:05 a.m.</b> from the causes and on the date stated above.					
23A. SIGNATURE <b>H. R. Johnson</b>		23B. ADDRESS <b>403 Med Arts Bldg</b>		23C. DATE SIGNED <b>11-3-51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>11-5-1951</b>		24C. NAME OF CEMETERY OR CREMATORY <b>NEW CATHEDRAL</b>	
24D. LOCATION (City, town, or county) (State) <b>BALTO. MD.</b>		25. FUNERAL DIRECTOR <b>H.W. JENKINS &amp; SONS Co.</b>		ADDRESS <b>4905 YORK RD</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>NOV 4 - 1951</b>		REGISTRAR'S SIGNATURE <b>William Williams, M.D.</b>			

UNITED STATES DEPARTMENT OF AGRICULTURE  
BUREAU OF PLANT INDUSTRY  
WASHINGTON, D. C.

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51 9472

HARTZ

51 9472

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

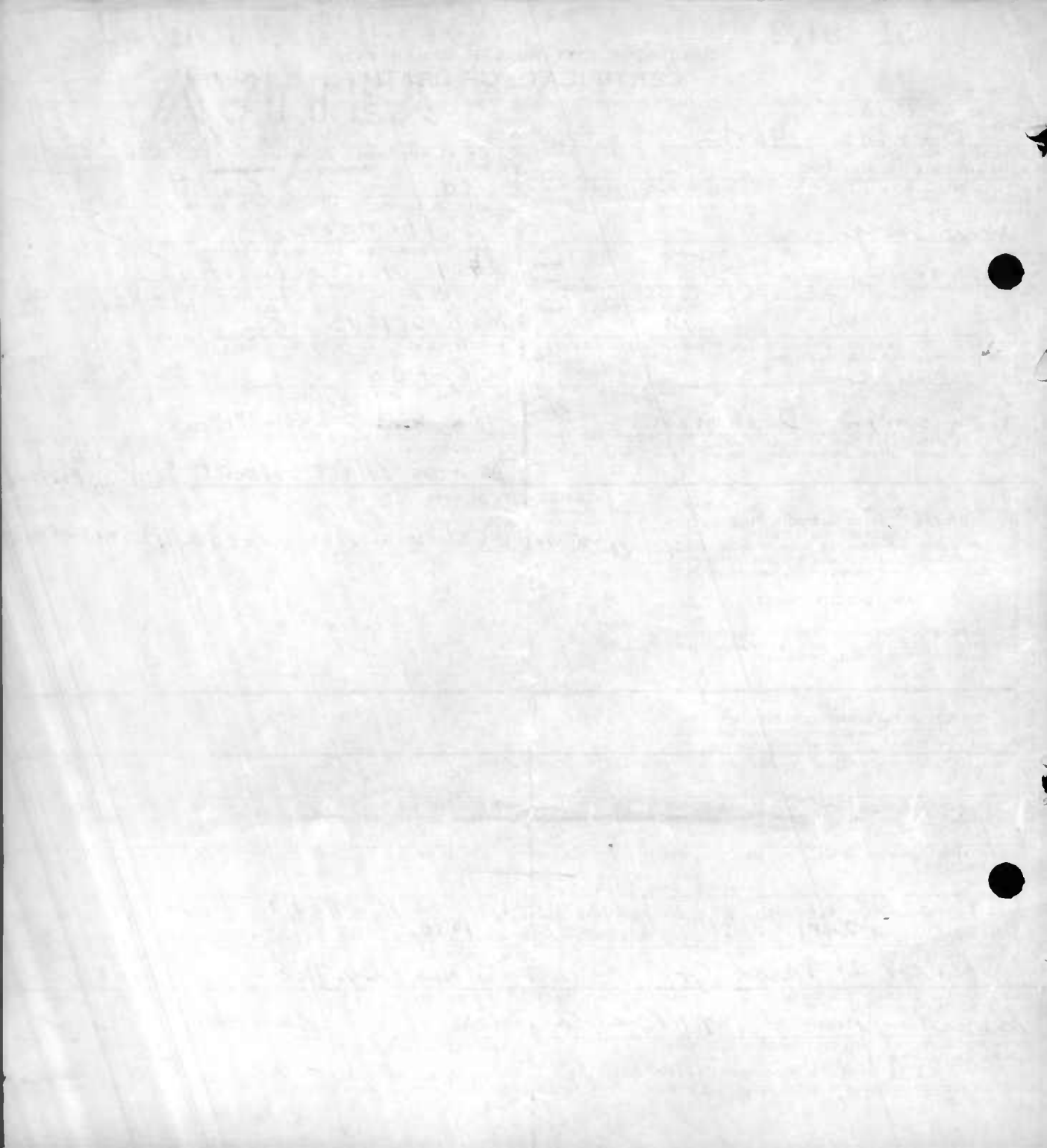
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Bertha Hartz</i>		2. DATE OF DEATH <i>Nov. 1, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>Bolt.</i>			
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>univ. Hoop.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore, 27-17</i>			
D. LENGTH OF STAY IN BALTIMORE <i>28</i>		D. STREET ADDRESS (If rural, give location) <i>2401 W. Rogers Ave</i>			
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>Nov. 10, 1895</i>		9. AGE (in years last birthday) <i>55</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Canada</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13. FATHER'S NAME <i>Benjamin Dushman</i>			14. MOTHER'S MAIDEN NAME <i>Rebecca Sarah Rebecca</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Son, Elliot Gilbertt, 824 Milford Mill Rd, Baltimore</i>	

18. <i>331X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>cerebral vascular accident</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 hrs 50 min</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Nov 1</i> , 19 <i>51</i> , to <i>Nov 1</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>Nov 1</i> , 19 <i>51</i> , and that death occurred at <i>10:50 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Robert A. Moore, Jr.</i>		23B. ADDRESS <i>univ. Hoop. Balt. Md.</i>		23C. DATE SIGNED <i>Nov 1, 1951</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Nov. 4, 1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Balto Belieu</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>		24E. NAME OF CEMETERY OR CREMATORY <i>Balto Belieu</i>		24F. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 4 - 1951</i>		REGISTRAR'S SIGNATURE <i>William H. Williams, Jr.</i>		25. FUNERAL DIRECTOR ADDRESS <i>Jack Lewis Inc - 2100 Eutaw Place</i>	

83a



51 9473

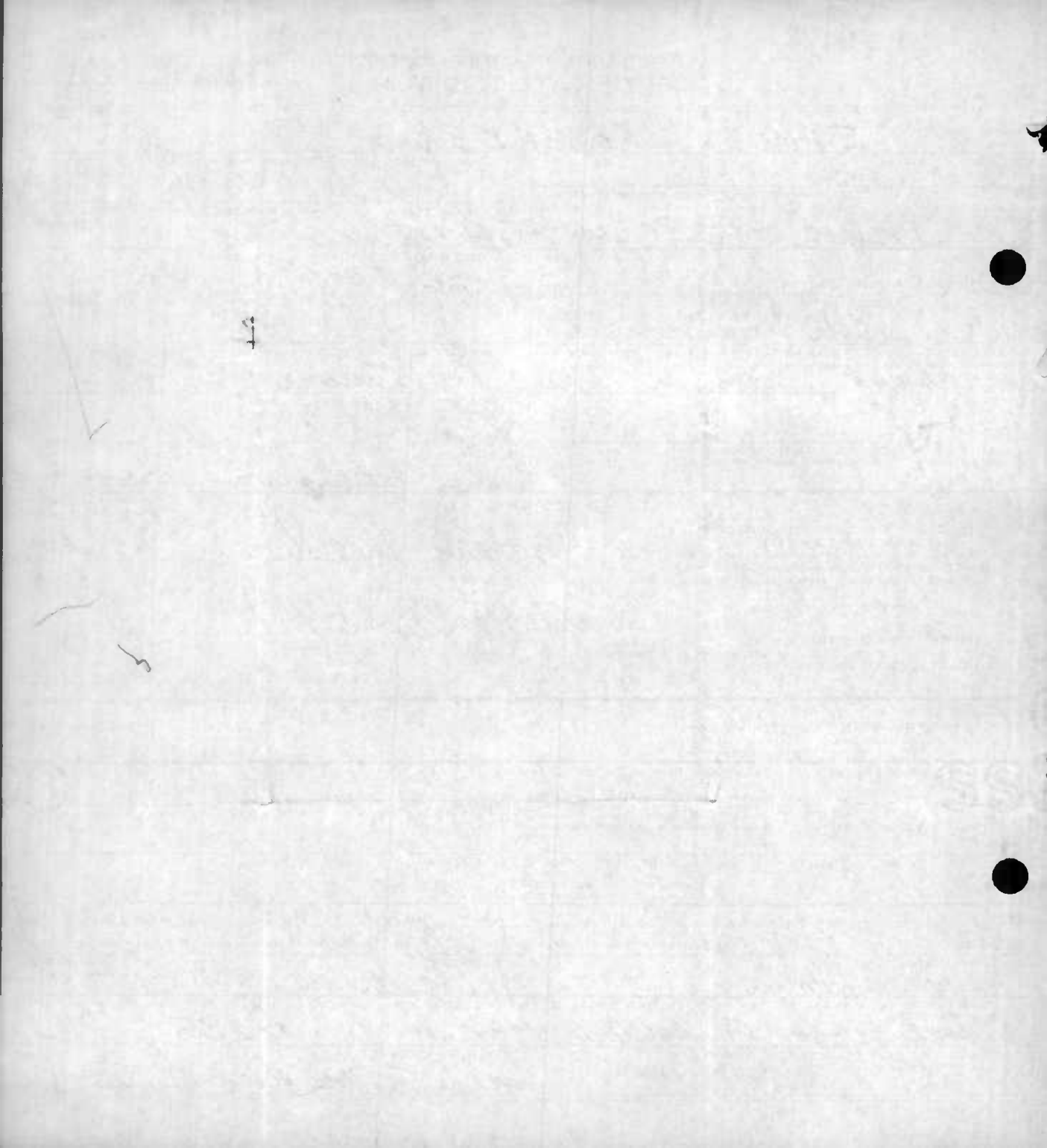
51 9473

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. _____		1. NAME OF DECEASED (Type or Print) <b>SAMUEL ROSENBERG</b>		2. DATE OF DEATH <b>11-3-51</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <b>Md</b> B. COUNTY _____			
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>3426 Royce Ave Baltimore</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>27-16</b>			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <b>3426 Royce Ave</b>			
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH	9. AGE (in years; last birthday) <b>32</b>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>merchant</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>General Mgrs</b>		11. BIRTHPLACE (State or foreign country) <b>Baltimore Md</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>		13. FATHER'S NAME <b>Henry</b>		14. MOTHER'S MAIDEN NAME <b>Leah</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <b>Jessie Rosenberg -</b>	
18. <b>420.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary thrombosis</b>		CAUSE OF DEATH (A) DUE TO <b>arteriosclerotic H.D</b> (B) DUE TO (C) DUE TO		INTERVAL BETWEEN ONSET AND DEATH <b>2 hours</b> <b>?</b>	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>11/3/51</b> 19 <b>51</b> , to <b>11/3/51</b> 19 <b>51</b> , that I last saw the deceased alive on <b>11/3/51</b> 19 <b>51</b> , and that death occurred at <b>2 A</b> m., from the causes and on the date stated above.					
23A. SIGNATURE <b>Bernard Pussin</b>		23B. ADDRESS <b>6721 Reisterstown Rd</b>		23C. DATE SIGNED <b>11/3/51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>11-4-51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>United Hebrew</b>	
24D. LOCATION (city, town, or county) (State) <b>Balto Md</b>		24E. FUNERAL DIRECTOR <b>Jack Lewis</b>		24F. ADDRESS <b>2100 Cutaw Pl</b>	





51 9474

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9474

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

FANNIE SAUBER

2. DATE  
OF  
DEATH

Nov. 3, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 4613 Park Heights Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

60 MT. SINAI HOME

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-16

C. Length of stay in Baltimore

42

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

4613 PARK HEIGHTS AVE

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

WIDOW

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

TAVIN

11. BIRTHPLACE (State or foreign country)

RUSSIA

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

LIBA

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

HARRY SEIDMAN - 2501 Monmouth Ave

18. 420.0

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Anteriosclerotic Heart  
DiseaseINTERVAL BETWEEN  
ONSET AND DEATHabout  
5 yrs.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

22. I hereby certify that I attended the deceased from Jan. 10, 1951, to Nov. 2, 1951, that I last saw the deceased alive on Nov. 1, 1951, and that death occurred at 11:50 a.m., from the causes and on the date stated above.

23A. SIGNATURE

M. O.

23B. ADDRESS

3100 Garrison Blvd.

23C. DATE SIGNED

11/2/51.

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 4 - 1951

937



500 51 9475

51 9475

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO.				1. NAME OF DECEASED (Type or Print) <b>MAX COHEN</b>				2. DATE OF DEATH <b>11-2-51</b>			
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>2476 Shurley Ave</b>				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md</b> B. COUNTY _____							
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Mt Carmel Home</b>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 27-16</b>							
C. Length of stay in Baltimore <b>45</b> Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) <b>4724 Delaware Ave</b>							
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH		9. AGE (In years last birthday) <b>66</b>		If Under 1 Year Months: Days Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Shoe maker</b>				10B. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) <b>Poland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Not known</b>				14. MOTHER'S MAIDEN NAME <b>Not known</b>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO.		17. INFORMANT <b>Benjamin Cohen - James</b>				ADDRESS _____	
18. <b>331X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cerebral hemorrhage</b> DUE TO _____				CAUSE OF DEATH <b>Cerebral hemorrhage</b> DUE TO _____				INTERVAL BETWEEN ONSET AND DEATH <b>about 6 months</b>			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO _____											
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.											
19A. DATE OF OPERATION <b>0</b>				19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>				21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY				21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>July 1, 1951</b> , to <b>not, 2, 1951</b> , that I last saw the deceased alive on <b>Oct 31, 1951</b> , and that death occurred at <b>27</b> m., from the causes and on the date stated above.											
23A. SIGNATURE <b>Benjamin Wady</b>				23B. ADDRESS <b>2306 Eutaw Place</b>				23C. DATE SIGNED <b>11-2-51</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>11-4-51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Rosedale</b>		24D. LOCATION (City, town, or county) (State) <b>Balto Md</b>					
DATE RECEIVED BY LOCAL REGISTRAR <b>NOV 4 - 1951</b>				REGISTRAR'S SIGNATURE <b>William Williams</b>				25. FUNERAL DIRECTOR <b>Jack Lewis &amp; Co 2100 Eutaw Pl</b>			

Kador  
2304 Gustav

625-  
51 9476BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9476  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

Igidor Dworkin

2. DATE  
OF  
DEATH

11/4/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTIONLutheran Hosp. of  
Maryland Inc.4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE

MD.

B. COUNTY

before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 28-41

D. STREET ADDRESS (If rural, give location)

3702 E. Dorado Ave. #7

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

16 March 1889

9. AGE (In years  
last birthday)

62

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR  
INDUSTRY

Sheet Metal

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Harry

14. MOTHER'S MAIDEN NAME

Leba

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Belia Dworkin - Same

18. 420.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Myocardial Infarction,  
Acute, Posterior

2 days

## ANTECEDENT CAUSES

(B)

DUE TO

As CVD

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/3, 1951 to 11/4, 1951, that I last saw the  
deceased alive on 11/3, 1951, and that death occurred at 12<sup>00</sup> Am., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 4 - 1951

Washington Williams, M.D.

Jack Lewis 2100 Eutaw Pl

VS 150

29624 9464

937

MEDICAL CERTIFICATION



UNITED STATES DEPARTMENT OF AGRICULTURE  
BUREAU OF PLANT INDUSTRY

RECEIVED  
JAN 10 1916  
U. S. DEPT. OF AGRICULTURE  
BUREAU OF PLANT INDUSTRY  
WASHINGTON, D. C.



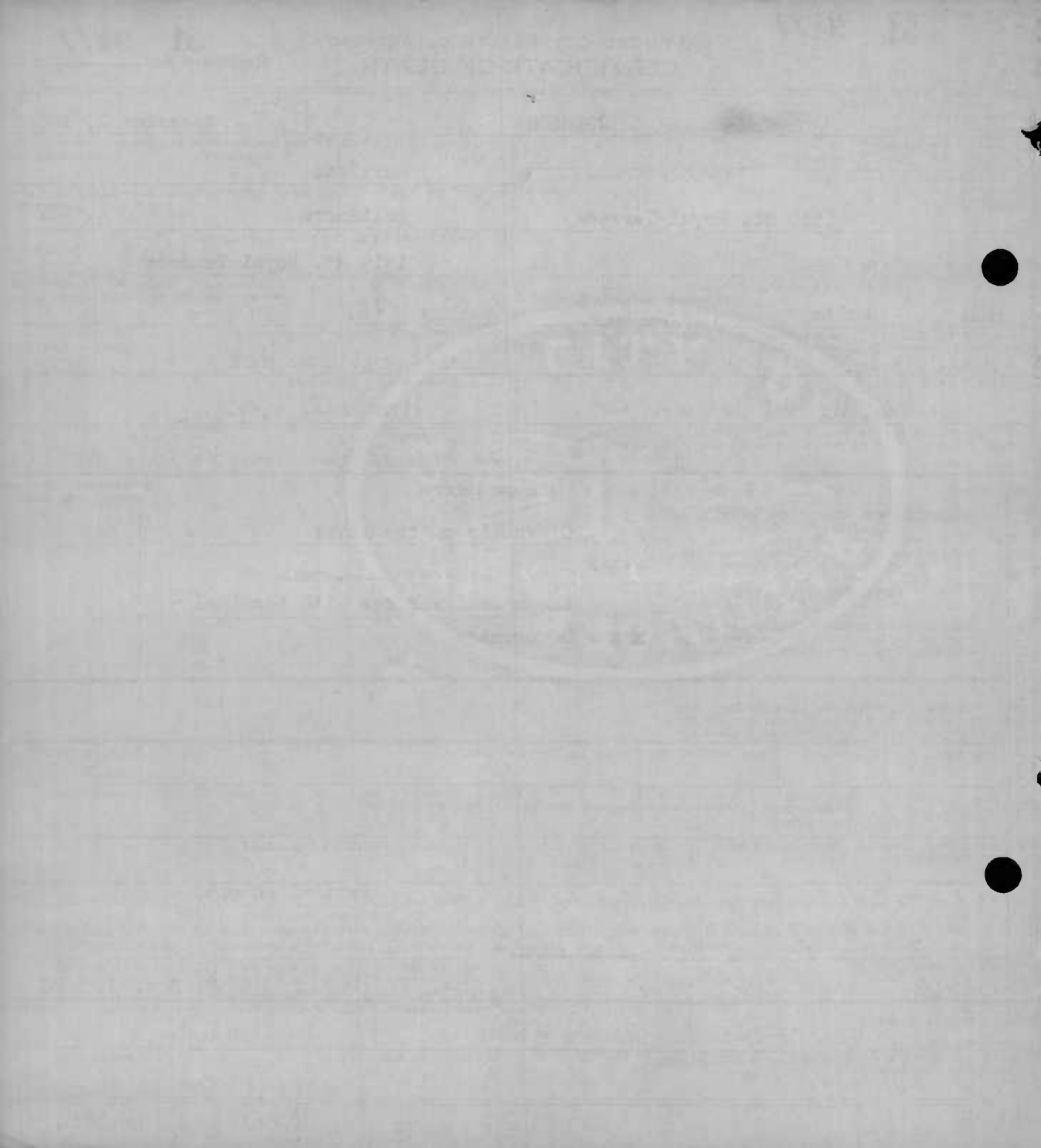
525 51 9477

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9477  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>W. Claude E JOHNSON</i>		2. DATE OF DEATH <i>November 2, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY			
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>1519 Mt. Royal Terrace</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>14-01</i>			
6. LENGTH OF stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>Ave</i> <i>1519 Mt. Royal Terrace</i>			
7. SEX <i>Male</i>	8. COLOR OR RACE <i>White</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	10. DATE OF BIRTH <i>June 11, 1901</i>	11. AGE (in years last birthday) <i>50</i>	12. If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
13. FATHER'S NAME <i>William Robert Johnson, Sr.</i>		14. MOTHER'S MAIDEN NAME <i>Annie D. King</i>		15. WAS DECEASED EVER IN U. S. ARMOED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no.</i>	
16. SOCIAL SECURITY NO.		17. INFORMANT <i>Mrs. W. Claude E Johnson - 1519 Mt. Royal Ave #17</i>		ADDRESS	

18. <i>581.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cirrhosis of the liver</i> (A) <del>XXXX</del>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Esophageal varices with terminal hemorrhage</i> (B) <del>XXXX</del> (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Partial Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William R. Johnson</i>		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <i>Nov. 3, 1951</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24B. DATE <i>Nov. 4, 1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Maple Wood</i>	
24D. LOCATION (City, town, or county) (State) <i>Durham, North Carolina</i>		25. FUNERAL DIRECTOR <i>Wm. J. Fickner &amp; Sons</i>		ADDRESS <i>124 B</i>	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	



51 9478

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9478

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MILTON WITT SR. (GENSTEIN)

2. DATE  
OF  
DEATH

11/1/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

789 GRANTLEY ST.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO. CITY 16-08

D. STREET ADDRESS (If rural, give location)

789 GRANTLEY ST.

C. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

MAR. 3, 1880

9. AGE (In years last birthday)

71

10. Under 1 Year

Months

Days

11. Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Life Insurance

10B. KIND OF BUSINESS OR INDUSTRY

agent

11. BIRTHPLACE (State or foreign country)

BALTO. Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

unknown unknown

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Milton Witt Jr., Catonsville 28

18. 420.1

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Thrombosis

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

Sudden

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Arterio-sclerotic Cardio-vascular renal. disease

DUE TO

3 yrs.

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES

NO

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK

NOT WHILE AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1948, to Nov 1, 1951, that I last saw the deceased alive on Oct. 24, 1951, and that death occurred at 4 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph P. Blum

M. D.

23B. ADDRESS

1115 N. Calvert St

23C. DATE SIGNED

11/2/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

11/5/51

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, MD

25. FUNERAL DIRECTOR

MACNABB &amp; SON

ADDRESS

28

Dr. Blum  
3515 Bowhatten  
2400 Garrison Blvd.

51 9479

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9479  
Registered No.

BIRTH NO. 49-16829

1. NAME OF DECEASED  
(Type or Print)

Howard, George

2. DATE  
OF  
DEATH

11/1/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1519 Division St

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 6-05

C. Length of stay in Baltimore

2

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

406 N. Ann St.

5. SEX

Male Negro

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

8/5/49

9. AGE (In years last birthday)

2

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.

10A. USUAL OCCUPATION (The kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

George Howard Sr

14. MOTHER'S MAIDEN NAME

Clara Parham

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Clara Howard

18. E921.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

Respiratory Asphyxia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Edema of Glottis

DUE TO

(C)

Congenital Heart Disease

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Aspiration Pneumonia

19A. DATE OF OPERATION

10/30/51

19B. MAJOR FINDINGS OF OPERATION

Aspiration Pneumonia in trachea

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)

Accident

21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

406 N. Ann Street

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

10/30/51

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Swallowed peanut when he stumbled

22. I hereby certify that I attended the deceased from 10/30, 1951, to 11/1, 1951, that I last saw the deceased alive on 11/1, 1951, and that death occurred at 6:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Marcus W. Moore Sr.

23B. ADDRESS

238 N. Carey St

23C. DATE SIGNED

11/1/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 4/51

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem &amp; Co County

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams, M.D.

25. FUNERAL DIRECTOR

Mrs Robt A. Elliott &amp; Dgt

ADDRESS

1129 N. Carroll St

1951

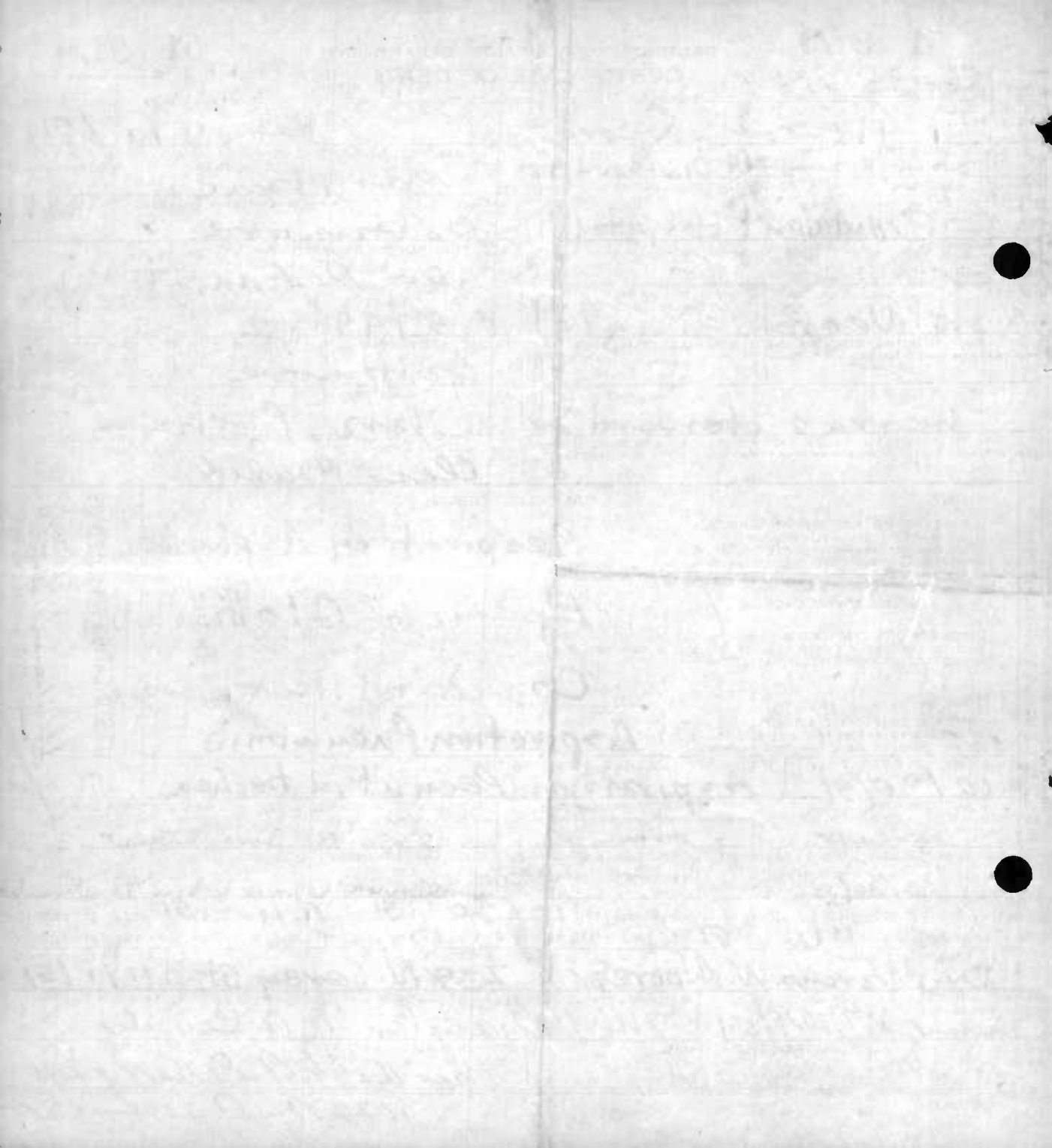
VS 150

N-991.0

CERTIFICATION APPROVED

WILLIAM WILLIAMS, M.D.  
CHIEF OR ASST. MEDICAL EXAMINER

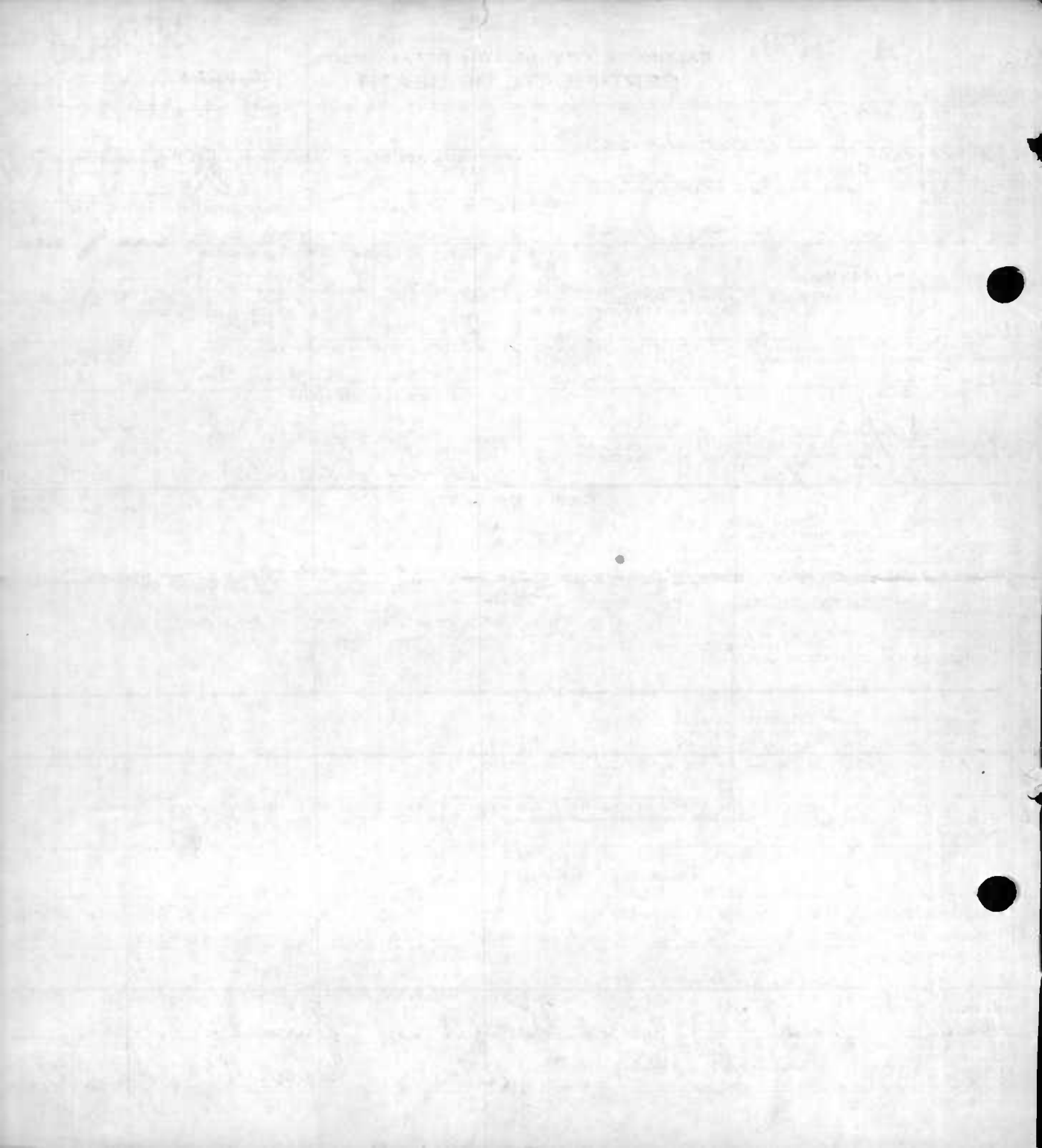
MEDICAL CERTIFICATION



BIRTH NO.		1. NAME OF DECEASED (Type or Print) <u>Ronnie A. Jones</u>		2. DATE OF DEATH <u>11-2-51</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>University Hosp.</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore - 17 16-01</u>			
Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <u>936 Harlem Avenue</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>negro</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>1893</u>	9. AGE (In years last birthday) <u>58</u>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Writer</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
13. FATHER'S NAME <u>Wesley Jones</u>		14. MOTHER'S MAIDEN NAME <u>Mary Farmer</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>World War I</u>			
16. SOCIAL SECURITY NO.		17. INFORMANT <u>Beatrice Jones (wife)</u>			
18. CAUSE OF DEATH I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <u>Uremia</u> DUE TO <u>nephrosclerosis</u> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>arteriosclerotic cardio-vascular disease</u> DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH <u>3 mos.</u>			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>October 15, 1951</u> , to <u>November 2, 1951</u> , that I last saw the deceased alive on <u>Nov. 2, 1951</u> , and that death occurred at <u>4:10 p.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>H. K. Shipton</u>		23B. ADDRESS <u>University Hospital</u>		23C. DATE SIGNED <u>11-31-51</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>Nov 6 1951</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Baltimore National Cem.</u>	
24D. LOCATION (City, town or county) (State) <u>Baltimore, Maryland</u>		24E. LOCAL REGISTRAR <u>Clifton A. Benson</u>		24F. ADDRESS <u>1120 Argyll Ave.</u>	

MEDICAL CERTIFICATION





51 9481

51 9481

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

FLOYD PIERCE BUTLER

2. DATE  
OF  
DEATH

Nov. 4, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

UNION MEMORIAL Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Georgia

B. COUNTY V-09

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

CAIRO

D. STREET ADDRESS (If rural, give location)

FIRST STREET N.W.

Length of stay in Baltimore

Yrs. 2  
Mos. 5  
Days

6. COLOR OR RACE

M

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

MAY 22 1902

9. AGE (in years last birthday)

49

10 Under 1 Year Months Days

11 Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

MECHANIC

10B. KIND OF BUSINESS OR INDUSTRY

Auto Service

11. BIRTHPLACE (State or foreign country)

GEORGIA

12. CITIZEN OF WHAT COUNTRY?

U. S.

13. FATHER'S NAME

NATHAN Butler

14. MOTHER'S MAIDEN NAME

SARAH TANE JONES

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

UNK

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Janey Butler, Cairo Georgia

18. 581.1 I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

I hereby certify that I attended the deceased from 10-31, 1951, to 11-4, 1951, that I last saw the deceased alive on 11-4, 1951, and that death occurred at 2:40 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Charles H. Wath, Jr. M. D.

23B. ADDRESS

Union Memorial Hospital 11/4/51

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

11/4/51

24C. NAME OF CEMETERY OR CREMATORY

Cairo.

24D. LOCATION (City, town, or county)

Georgia

(State)

DATE RECEIVED BY LOCAL REGISTRAR

NOV 5 - 1951

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Wm Cook Inc. 1212 St Paul St.



51 9482

BALTIMORE CITY HEALTH DEPARTMENT

51 9482

## CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

GREEN Charlotte

2. DATE  
OF  
DEATH

11/3/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

University Hospital

Yrs.  
Mos.  
Days

Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland - Annapolis

C. CITY OF TOWN (If outside corporate limits, write RURAL and give township)

Annapolis

D. STREET ADDRESS (If rural, give location)

29 Shaw St

8. DATE OF BIRTH

June 15, 1900

9. AGE (In years last birthday)

51

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR INDUSTRY

House wife

11. BIRTHPLACE (State or foreign country)

Annapolis, Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Simms

14. MOTHER'S MAIDEN NAME

Julia Henderson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

?

17. INFORMANT

Husband - William - Some

ADDRESS

18. 293X I

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Respiratory Failure -

DUE TO Anemia Etiology?

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Congenital Kypho Scoliosis

DUE TO Poor Bone Pathology

(C) Poor Bone Growth Regulation

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Congenital Kypho Scoliosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/2/51, 19, to 11/3/51, 19, that I last saw the deceased alive on 11/3/51, 19, and that death occurred at 10:50 A.M., from the causes and on the date stated above.

23A. SIGNATURE

John E. Carroll

23B. ADDRESS

University Hospital

23C. DATE SIGNED

11/3/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11-7-51

24C. NAME OF CEMETERY OR CREMATORY

Breuer Hill Cemetery

24D. LOCATION (City, town, or county)

Annapolis Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

NOV 5 - 1951

REGISTRAR'S SIGNATURE

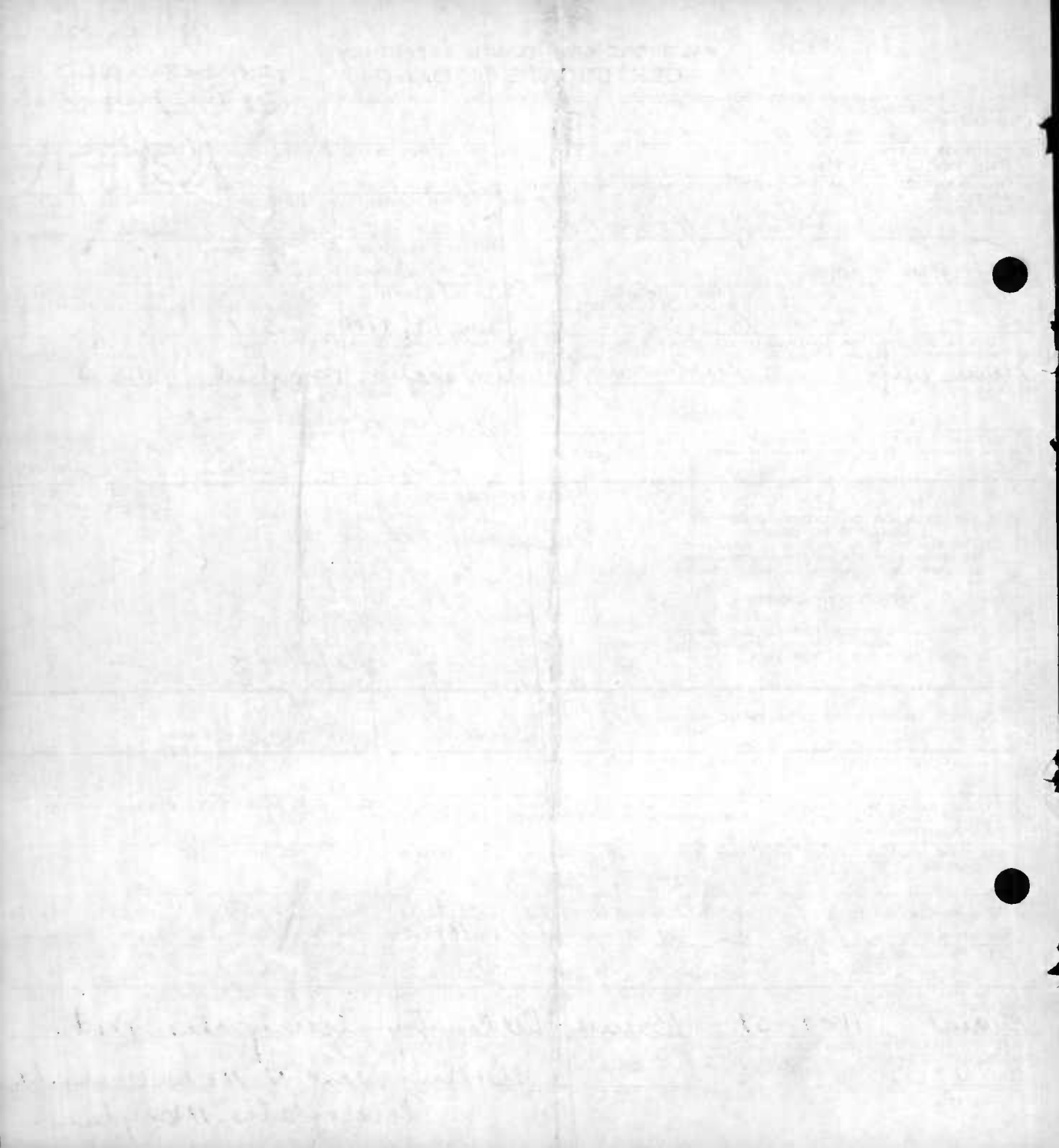
Huntington Williams, Jr.

25. FUNERAL DIRECTOR

William Lee 11 105 W. Wash. St.

ADDRESS

737 Annapolis, Maryland.



51 9483

MIRAMANT

51 9483

## BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 51-24427

1. NAME OF DECEASED  
(Type or Print)

Baby Boy

2. DATE  
OF  
DEATH

10/22/51

3. PLACE OF DEATH

A. Baltimore City, Maryland ✓

B. FULL NAME OF (If not in hospital or institution, give street address or location)

South Baltimore General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

913 Chestnut Ave.

Chestnut Hill

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

10/22/51

9. AGE (In years last birthday)

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

1 20

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Richard C. Miramant

14. MOTHER'S MAIDEN NAME

Millicent M. Huebel

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CONGENITAL POLYCYSTIC KIDNEYS

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(B)

PREMATURITY

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

PREMATURITY

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/22/51, 19, to 10/22/51, 19, that I last saw the deceased alive on 10/22/51, 19, and that death occurred at 10:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Swerin T. Galojinich

M. D.

23B. ADDRESS

1213 Light St.

23C. DATE SIGNED

10/24/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL OCT 26 1951

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

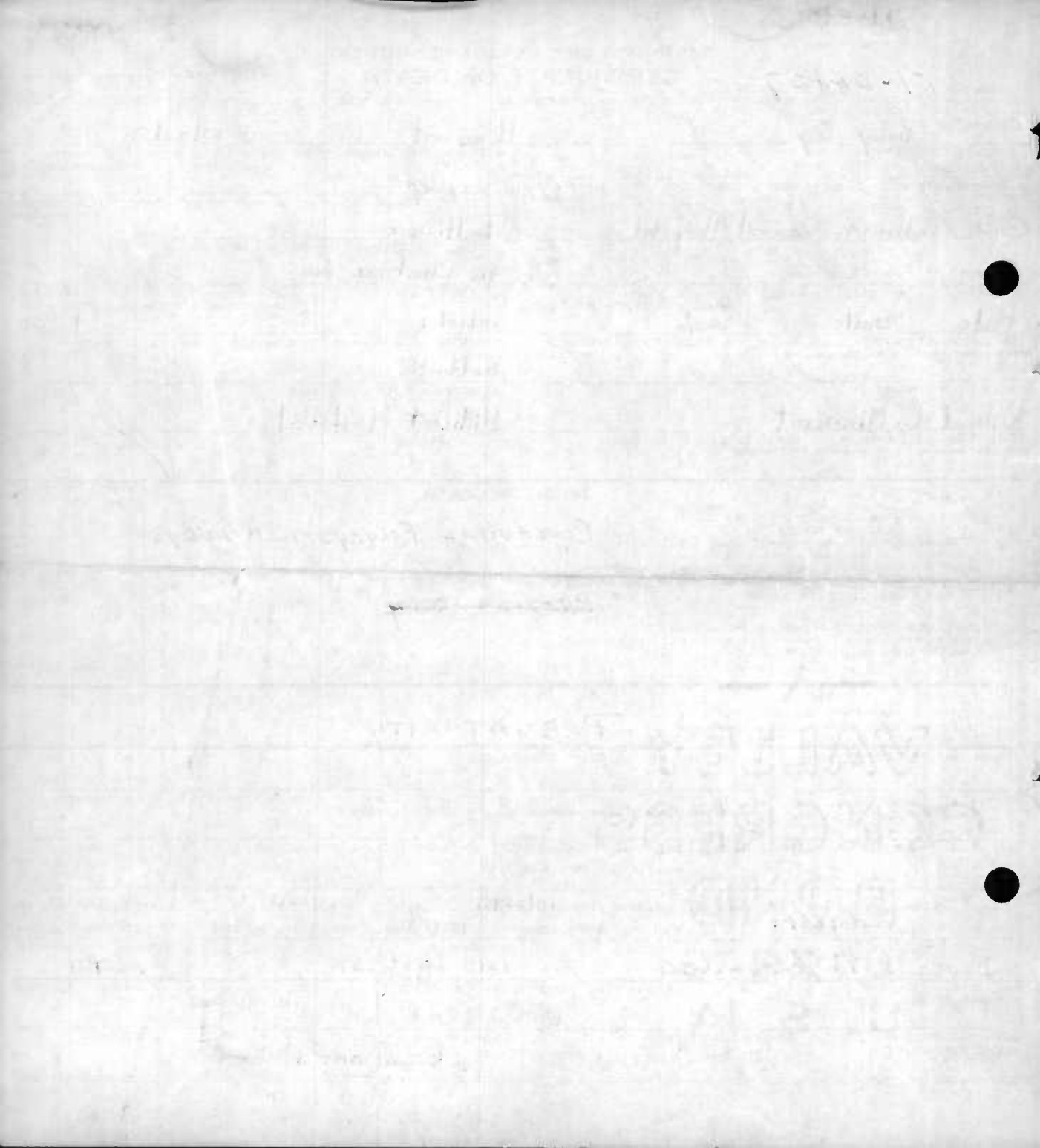
NOV 5 - 1951

L. Williams, M.D.

25. FUNERAL DIRECTOR

Commissioner of Health

ADDRESS





51 9484

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9484

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)*Eugene Smith*2. DATE  
OF  
DEATH*Nov-4-51*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE*University Hospital*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

*Maryland*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*Scotland - St Marys County*

D. STREET ADDRESS (If rural, give location)

*Scotland -**6800*

Length of stay in Baltimore

5. SEX

*M*

6. COLOR OR RACE

*C*7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)*WIDOWED*

8. DATE OF BIRTH

*?*9. AGE (In years  
last birthday)*81*If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Scotland Maryland*12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

*Alexander*

14. MOTHER'S MAIDEN NAME

*Fuey Jonaria*15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

*Mary Smith**Same*18. *331X*

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

*Cerebral Vascular Accident*INTERVAL BETWEEN  
ONSET AND DEATH*21 days*

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

*Incra Cerebral Hemorrhage*

(C) DUE TO

*Generalized Arteriosclerosis*II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Nov 3*, 19*51*, to *Nov 4*, 19*51*, that I last saw the  
deceased alive on *Nov 4*, 19*51*, and that death occurred at *1:40 P. m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

*John E. Connolly Jr.**University**11/4/51*24A. BURIAL, CREMA-  
TION REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

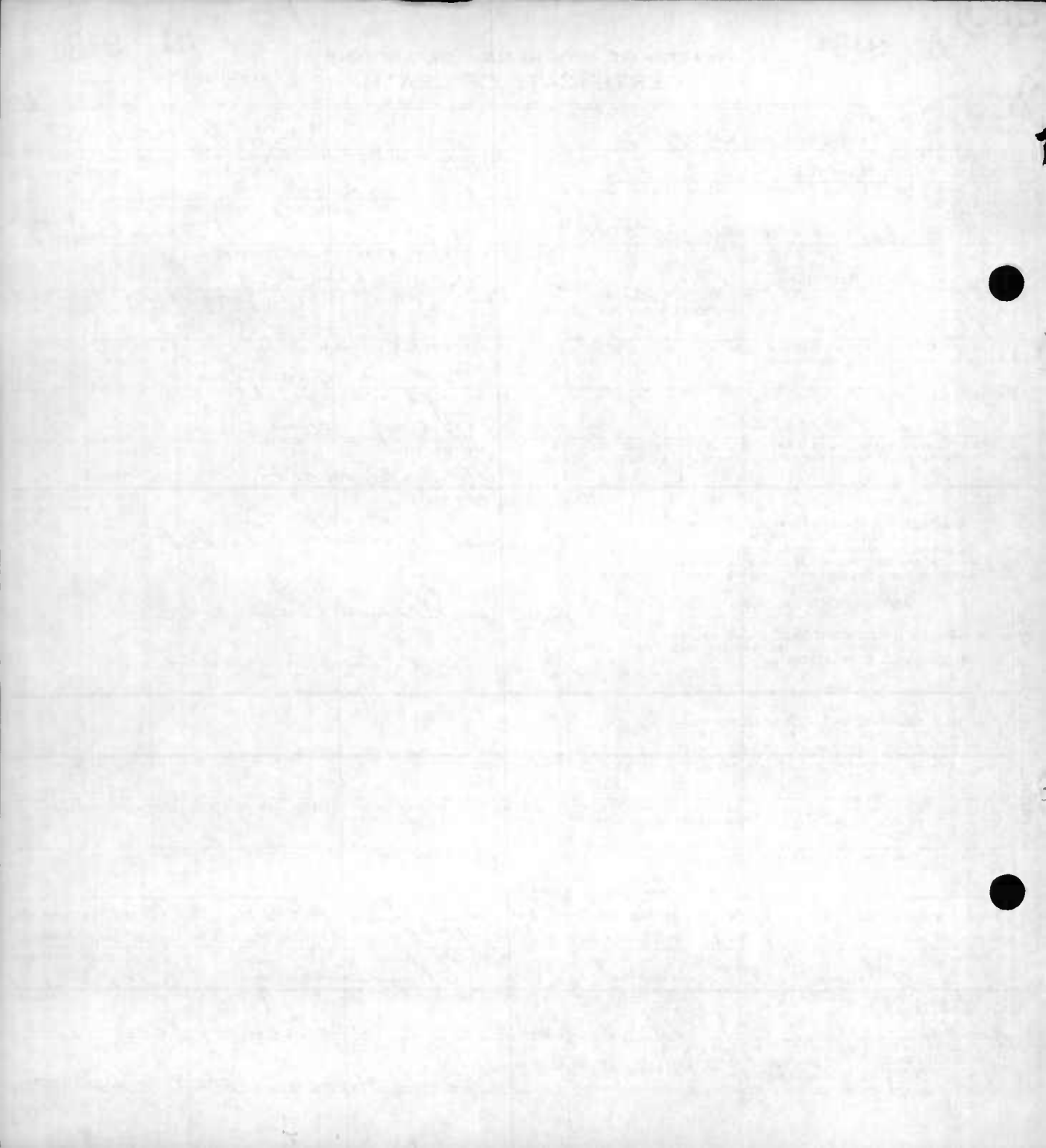
ADDRESS

*Burial**11-7-51**St. Luke**Scotland, Md.**NOV 5 - 1951**Wilmington Williams, Md.**W. B. Johnson - Leonardtown*

VS 150

*83a md*

MEDICAL CERTIFICATION



30  
51 9485BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9485  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Marion S. Pollett

2. DATE  
OF  
DEATH

November 2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

1508 McCulloh St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1508 McCulloh St.

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Jan. 18, 1866

9. AGE (In years

last birthday)

85

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Waiter

10B. KIND OF BUSINESS OR INDUSTRY

Retired

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

George Pollett

14. MOTHER'S MAIDEN NAME

Margaret Black

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Florence Snowden 1930 Druid Hill

18. 350X

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

arteriosclerosis, generalized

DUE TO

4 1/2 years

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Pulmonary cysts

(C)

4 yrs

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from September, 1948, to Nov 2, 1951, that I last saw the deceased alive on Nov 2, 1951, and that death occurred at 6:25 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11-5-51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cem.

24D. LOCATION (City, town, or county)

Anne Arundel Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 5 - 1951

Wm. J. Williams, Jr.

Mr. Francis H. Newley

578 W. Biddle St.

13

260  
51 9486BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>Herbert Ashton Megraw</b>			2. DATE OF DEATH <b>NOV 3 1951</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>JOHNS HOPKINS HOSPITAL</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 12-01</b>		
C. Length of stay in Baltimore <b>Life</b>			D. STREET ADDRESS (If rural, give location) <b>3902 Canterbury Road</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>4-28-76</b>	9. AGE (In years last birthday) <b>75</b>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>metallurgist</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>		
11. BIRTHPLACE (State or foreign country) <b>Balto Md</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13. FATHER'S NAME <b>John Milton Megraw</b>			14. MOTHER'S MAIDEN NAME <b>Ellen M Ryan</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>_____</b>		
17. INFORMANT <b>JOHNS HOPKINS HOSPITAL</b>			ADDRESS _____		

18. <b>493 X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>pneumonia</b> DUE TO (A) _____	INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) _____	
(C) _____	

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <b>26 Oct 1951</b>	19B. MAJOR FINDINGS OF OPERATION <b>Intraocular Catheter Extraction, Right Eye</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (s.g., in or about home, farm, factory, street, office bldg., etc.) <b>_____</b>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>_____</b>
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>_____</b>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? <b>_____</b>

22. I hereby certify that I attended the deceased from **10-25-**, 19**51**, to **11-3-**, 19**51**, that I last saw the deceased alive on **11/3**, 19**51**, and that death occurred at **11:40 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>Bernard Becker</b>	23B. ADDRESS <b>JOHNS HOPKINS HOSPITAL</b> <b>JOHNS HOPKINS HOSPITAL</b>	23C. DATE SIGNED <b>11/3/51</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Nov 6 1951</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Druid Ridge</b>
24D. LOCATION (City, town, or county) <b>Pikesville Md</b>	25. FUNERAL DIRECTOR <b>A. J. Jenkins - Sm Co 4905 York Rd.</b>	ADDRESS <b>109 B</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>NOV 5 - 1951</b>	REGISTRAR'S SIGNATURE <b>Wilmington Williams, M.D.</b>	

100-100000

100-100000

100-100000

100-100000



51 9487

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9487

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

EUGENT Isador Arthur

2. DATE  
OF  
DEATH

Nov. 4 '51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Church Home &amp; Hosp

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE

Balt. Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 27-15

D. STREET ADDRESS (If rural, give location)

2108 Selgrave Ave

Length of stay in Baltimore

48 yrs

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

March 18, 1903

9. AGE (in years

last birthday)

48

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

accountant

10B. KIND OF BUSINESS OR INDUSTRY

accountant

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

EUGANT Mr. Percy

14. MOTHER'S MAIDEN NAME

Miller, Rose

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. I. A. Eugent, 2108 Selgrave Ave

18. 420.1 I

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) coronary occlusion

DUE TO

6 days

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) arteriosclerosis

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

22. I hereby certify that I attended the deceased from Oct 31, 1951, to Nov. 4, 1951, that I last saw the deceased alive on Nov. 4, 1951, and that death occurred at 6:20 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 5 - 1951

T. J. Williams, M.D.

Jack Lewis, 2100 Outan Rd

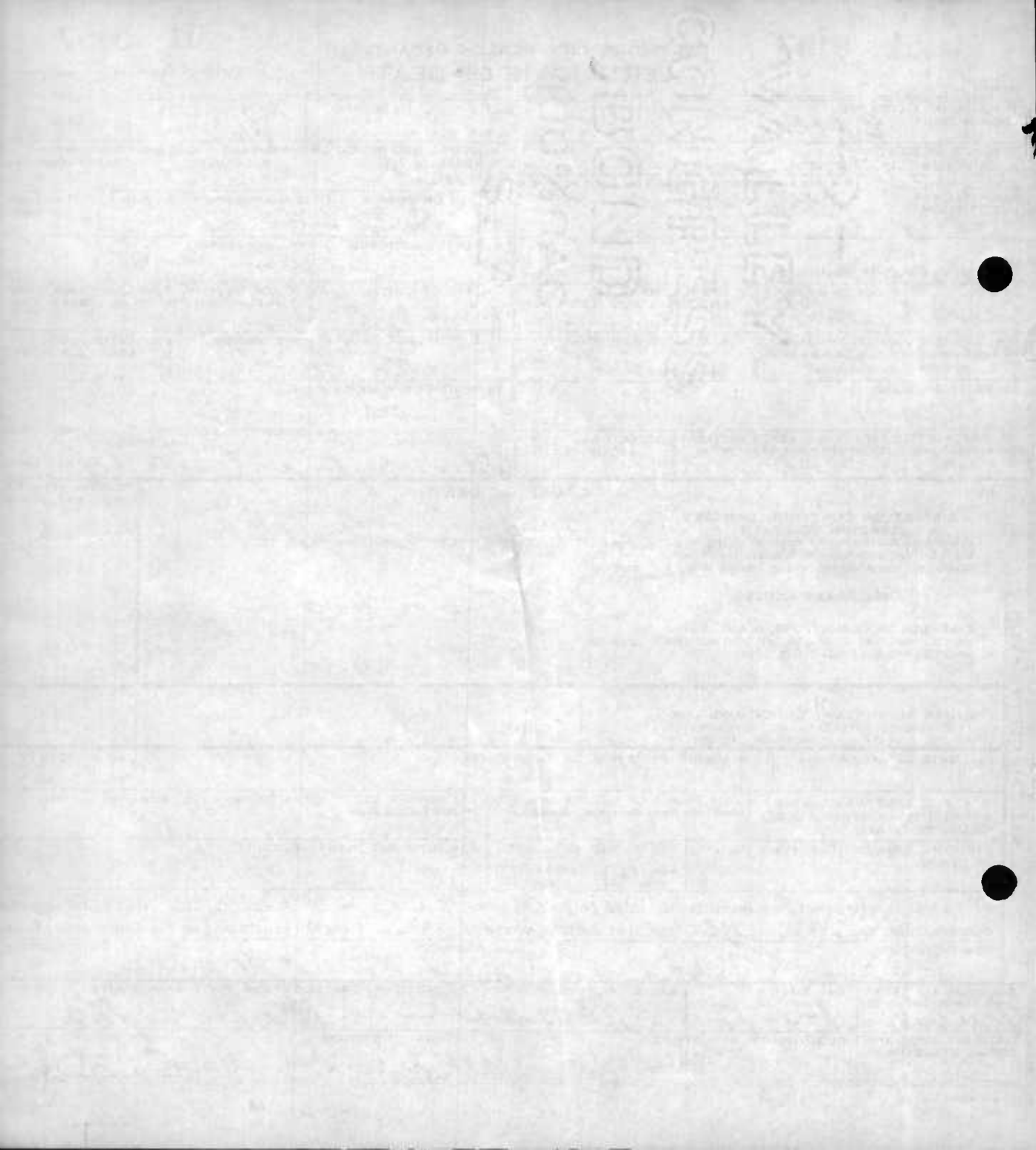
VS 150

00081

94a

MEDICAL CERTIFICATION





51 9488

CERTIFICATE CORRECTED 11-29-51

51 9488

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Carrie E. Bieggerman

2. DATE  
OF  
DEATH

November 1, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)A. STATE  
Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

1046 Valley Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1046 Valley Street

Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

divorced

8. DATE OF BIRTH

March 15, 1873

9. AGE (in years  
last birthday)

78 68

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)  
housewife10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Harrison

14. MOTHER'S MAIDEN NAME

--

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Orville Guest, 1102 Barclay Street

18. 470.0

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Coronary Thrombosis

a few hours

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

arteriosclerosis heart disease

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT ☐  
WORKNOT WHILE ☐  
AT WORK22. I hereby certify that I attended the deceased from Aug, 1948, to Nov, 1951, that I last saw the  
deceased alive on 25 Oct, 1951, and that death occurred at 6:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Samuel T. Hefel

M. D.

23B. ADDRESS

714 E. Park St

23C. DATE SIGNED

3 Nov 51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

burial

24B. DATE

11/5/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

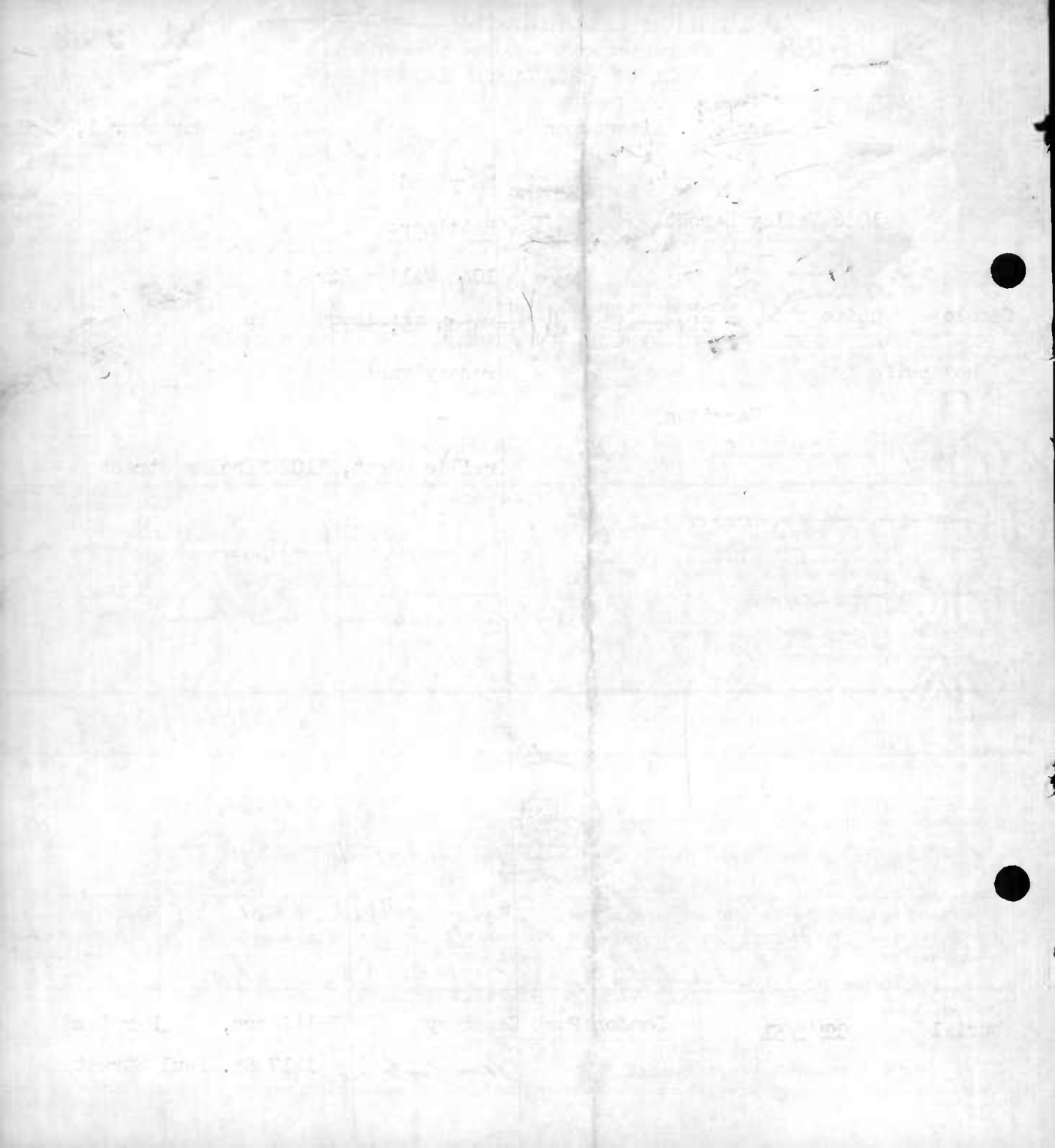
ADDRESS

Wm. Cook, Inc., 1217 St. Paul Street

NOV 5 - 1951

VS 150

937



34  
AB-153257

51 9489

51 9489

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

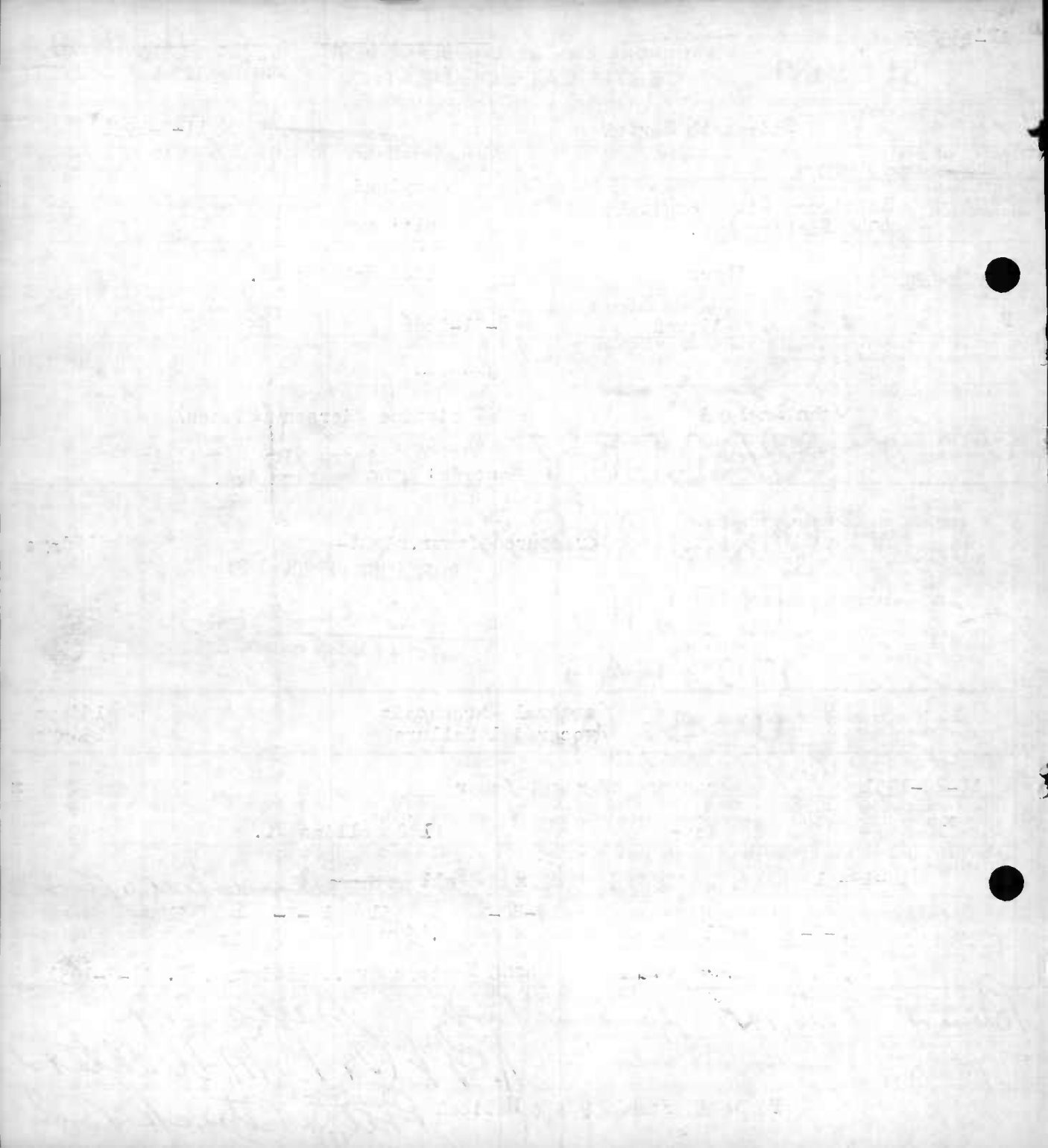
BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>Elizabeth Hartel</b>		2. DATE OF DEATH <b>11-3-1951</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY _____			
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Baltimore City Hospitals</b> <b>4940 Eastern Ave.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>18-03</b>			
D. STREET ADDRESS (If rural, give location) <b>1222 Hollins St.</b>		5. SEX <b>F</b>			
6. COLOR OR RACE <b>W</b>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>8-31-1886</b>	
9. AGE (In years last birthday) <b>65</b>		10. A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) <b>Germany</b>	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <b>John England</b>	
14. MOTHER'S MAIDEN NAME <b>Christine Pierson (Piunch)</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Baltimore City Hospitals</b> <b>Records: 4940 Eastern Ave.</b>		18. <b>E903.01</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Fractured femur, right-</b> DUE TO <b>CERTIFICATION APPROVED BY</b> <i>[Signature]</i> CHIEF OR ASST. MEDICAL EXAMINER.		INTERVAL BETWEEN ONSET AND DEATH <b>15 days</b>	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Cerebral Thrombosis</b> <b>Myocardial failure</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION <b>10-22-1951</b>		19B. MAJOR FINDINGS OF OPERATION <b>Fracture of right femur</b>		22. I hereby certify that I attended the deceased from <b>10-20</b> , 19 <b>51</b> to <b>11-3</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>11-3</b> , 19 <b>51</b> , and that death occurred at <b>8.45 AM</b> , from the causes and on the date stated above.	
23A. SIGNATURE <i>[Signature]</i> M. D.		23B. ADDRESS <b>4940 Eastern Ave., Baltimore, Md.</b>		23C. DATE SIGNED <b>11-3-1951</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24B. DATE <b>Nov 6, 1951</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Landon Park</b>	
24D. LOCATION (City, town, or county) <b>Balto Md</b>		24E. DATE RECEIVED BY LOCAL REGISTRAR <b>NOV 5 - 1951</b>		24F. REGISTRAR'S SIGNATURE <i>[Signature]</i>	
24G. FUNERAL DIRECTOR <b>John C. &amp; B. M. Walters</b>		24H. ADDRESS <b>186a Pratt St</b>		24I. EXAMINER <b>Truckis</b>	

VS 150

To Be Approved by the Medical Examiner

N-820.1

186a



426 51 9490

51 9490

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>Margaret Glaser</b>		2. DATE OF DEATH <b>Nov. 2/51</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>701 Rosedale St.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>16-06</b>	
D. STREET ADDRESS (If rural, give location) <b>701 Rosedale St.</b>		E. LENGTH OF stay in Baltimore <b>Life</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>Dec. 6, 1884</b>
9. AGE (In years last birthday) <b>66</b>		10. UNDER 1 Year Months: _____ Days: _____	11. UNDER 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10B. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <b>Balto. Md.</b>		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME <b>Louis Glaser</b>		14. MOTHER'S MAIDEN NAME <b>Amelia Glaser</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <b>Lester Glaser, 701 Rosedale St.</b>		ADDRESS _____	

18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary Thrombosis</b> DUE TO _____ (A) _____ (B) _____ (C) _____	CAUSE OF DEATH <b>Coronary Thrombosis</b>	INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Thyroid Adenoma</b>		<b>20 yrs</b>
19A. DATE OF OPERATION <b>0</b>	19B. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

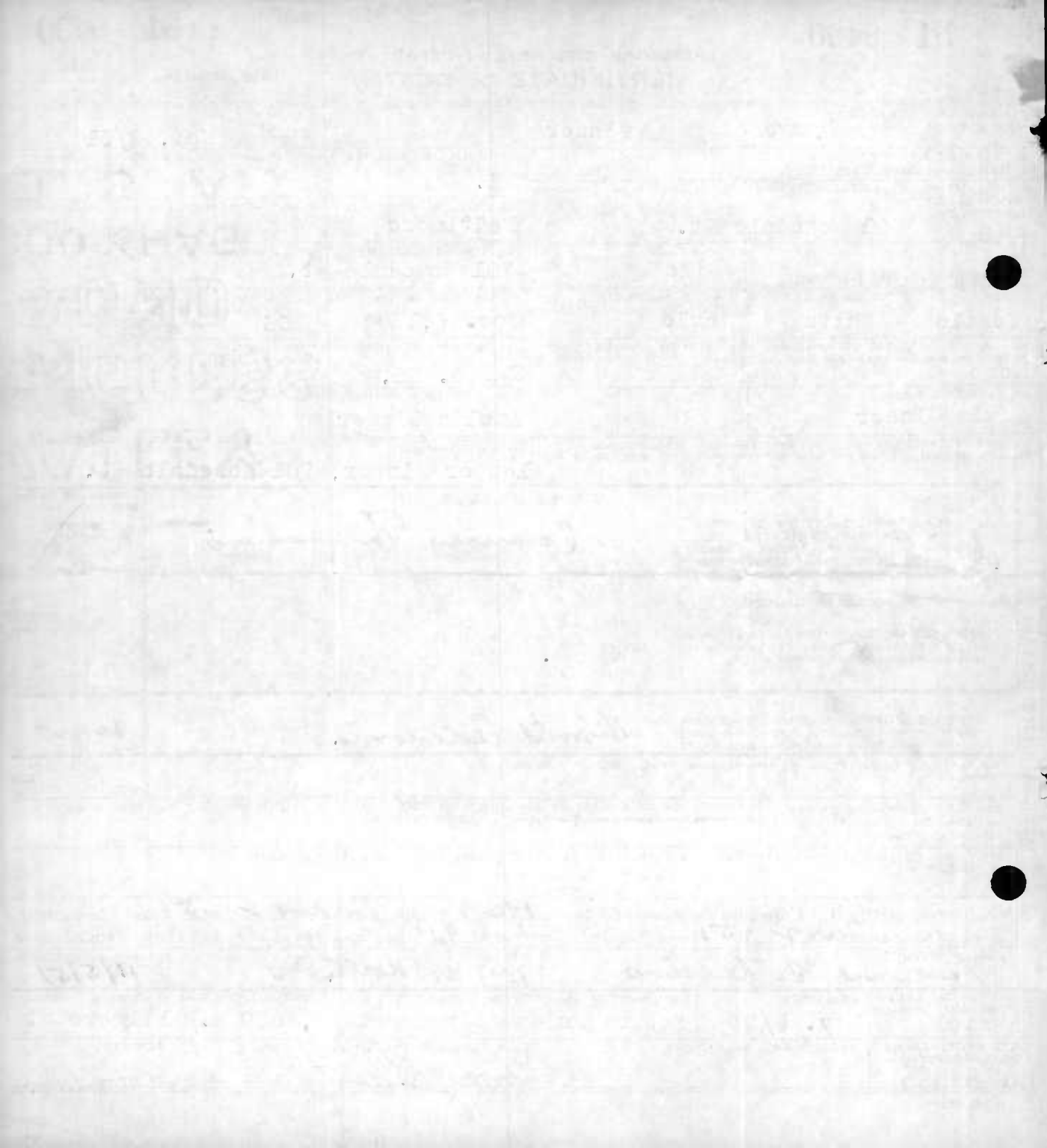
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **1939** 19 **Nov 2**, 19**51**, that I last saw the deceased alive on **Nov 2**, 19**51**, and that death occurred at **9 A** m., from the causes and on the date stated above.

23A. SIGNATURE **Edward S. Halline** M. O. **1847 W. North Ave** 23C. DATE SIGNED **11/5/51**

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Nov. 5/51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Hebrew Friendship Cemetery, 3600 E. Baltimore St</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>NOV 5 - 1951</b>	REGISTRAR'S SIGNATURE <b>W. Williams</b>	25. FUNERAL DIRECTOR <b>Harry A. White</b>	ADDRESS <b>4101 Edmondson Ave.</b>

94a





51 9491

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9491

Registered No. \_\_\_\_\_

BIRTH NO. 51-25535

1. NAME OF DECEASED (Type or Print) <i>Baby boy Fissell</i>			2. DATE OF DEATH <i>11-2-1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>ST. Agnes Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Baltimore 28-04</i>		
D. STREET ADDRESS (If rural, give location) <i>4709 Dunkirk Ave</i>			E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>	8. DATE OF BIRTH <i>10-30-51</i>	9. AGE (In years last birthday) <i>3</i>	If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Norman F. Fissell</i>			14. MOTHER'S MAIDEN NAME <i>Dorothy Motoska</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

18. *770.0* CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATHDISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *Eng. Thrombosis*  
DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) \_\_\_\_\_  
DUE TO  
(C) \_\_\_\_\_II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION *2* 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *10/30* 1951, to *11/2* 1951, that I last saw the deceased alive on *11/2* 1951, and that death occurred at *10:55* p. m., from the causes and on the date stated above.23A. SIGNATURE *Harry L. Knip* M. D. 23B. ADDRESS *ST. Agnes Hosp* 23C. DATE SIGNED *11/5/51*

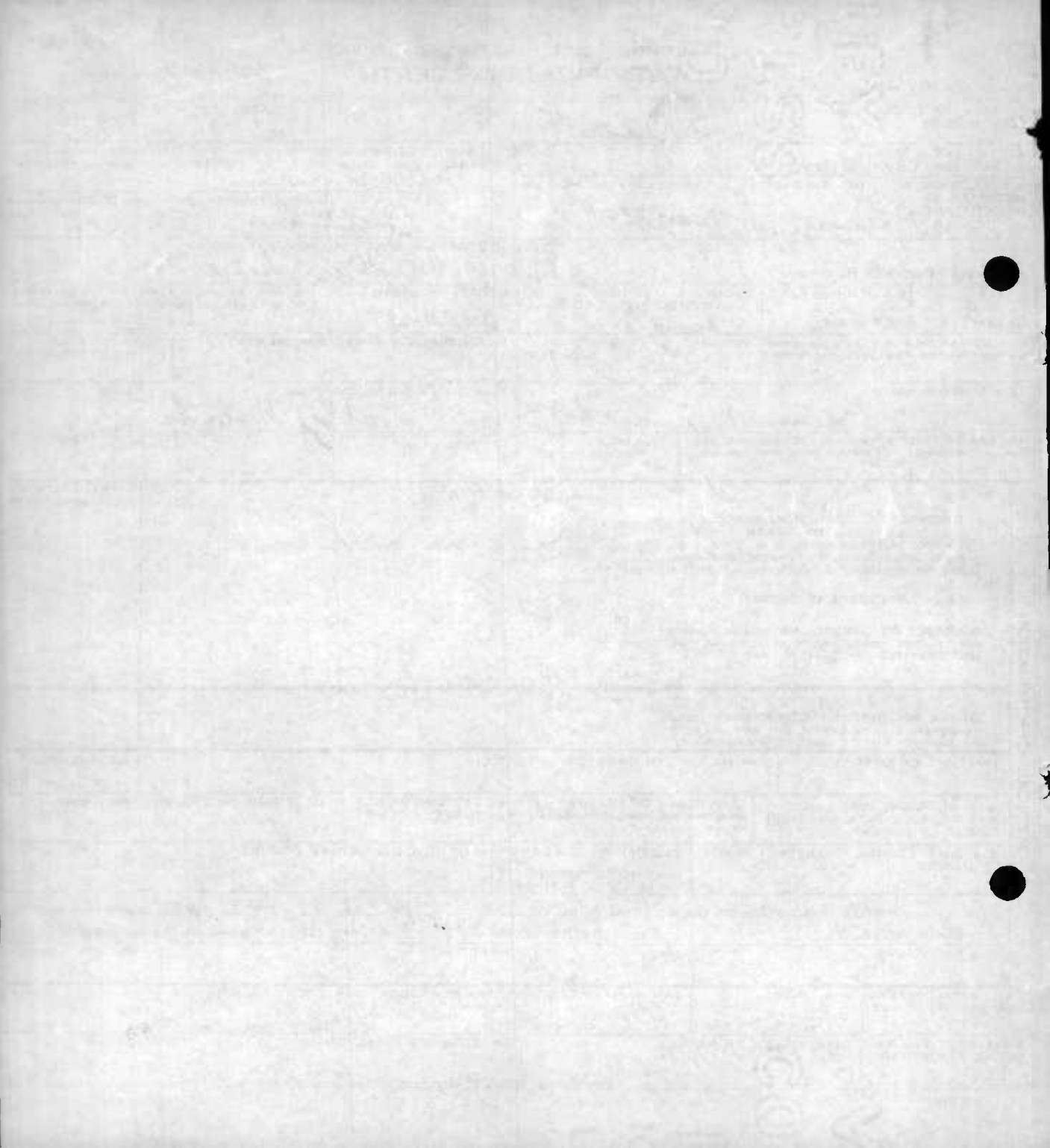
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <i>Nov 6</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Glen Haven</i>	24D. LOCATION (City, town, or county) (State) <i>Glen Burnie Md</i>
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Harry H. White</i>	ADDRESS <i>4101 Edmondson Ave</i>

NOV 5 - 1951

VS 150

1612

MEDICAL CERTIFICATION



51

9492

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No.

51 9492

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Mathew L. Pinto</b>		2. DATE OF DEATH <b>Nov 3, 1951</b>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) a. STATE <b>MD.</b> b. COUNTY <b>28-04</b>	
b. FULL NAME OF HOSPITAL OR INSTITUTION <b>University Hospital</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
c. Length of stay in Baltimore <b>Yrs. Mos. Days</b>		d. STREET ADDRESS (If rural, give location) <b>401 Kingston Rd</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>Sept 14, 1888</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Own. Bus.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Optometrist</b>	9. AGE (In years last birthday) <b>63</b>
11. BIRTHPLACE (State or foreign country) <b>Chicago Ill.</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>August A. Pinto</b>		14. MOTHER'S MAIDEN NAME <b>Catherine Borerich</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Teresa M. Pinto</b>		ADDRESS <b>401 Kingston Rd</b>	

18. **4200**

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Atherosclerotic Heart Disease**

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

**William H. Witzke**

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

**Nov 3, 1951**

24A. BURIAL, CREMATION, REMOVAL (Specify)  
**Burial**

24B. DATE

**Nov 6/51**

24C. NAME OF CEMETERY OR CREMATORY

**New Cathedral**

24D. LOCATION (City, town, or county)

**Baltimore MD**

(State)

DATE RECEIVED BY LOCAL REGISTRAR

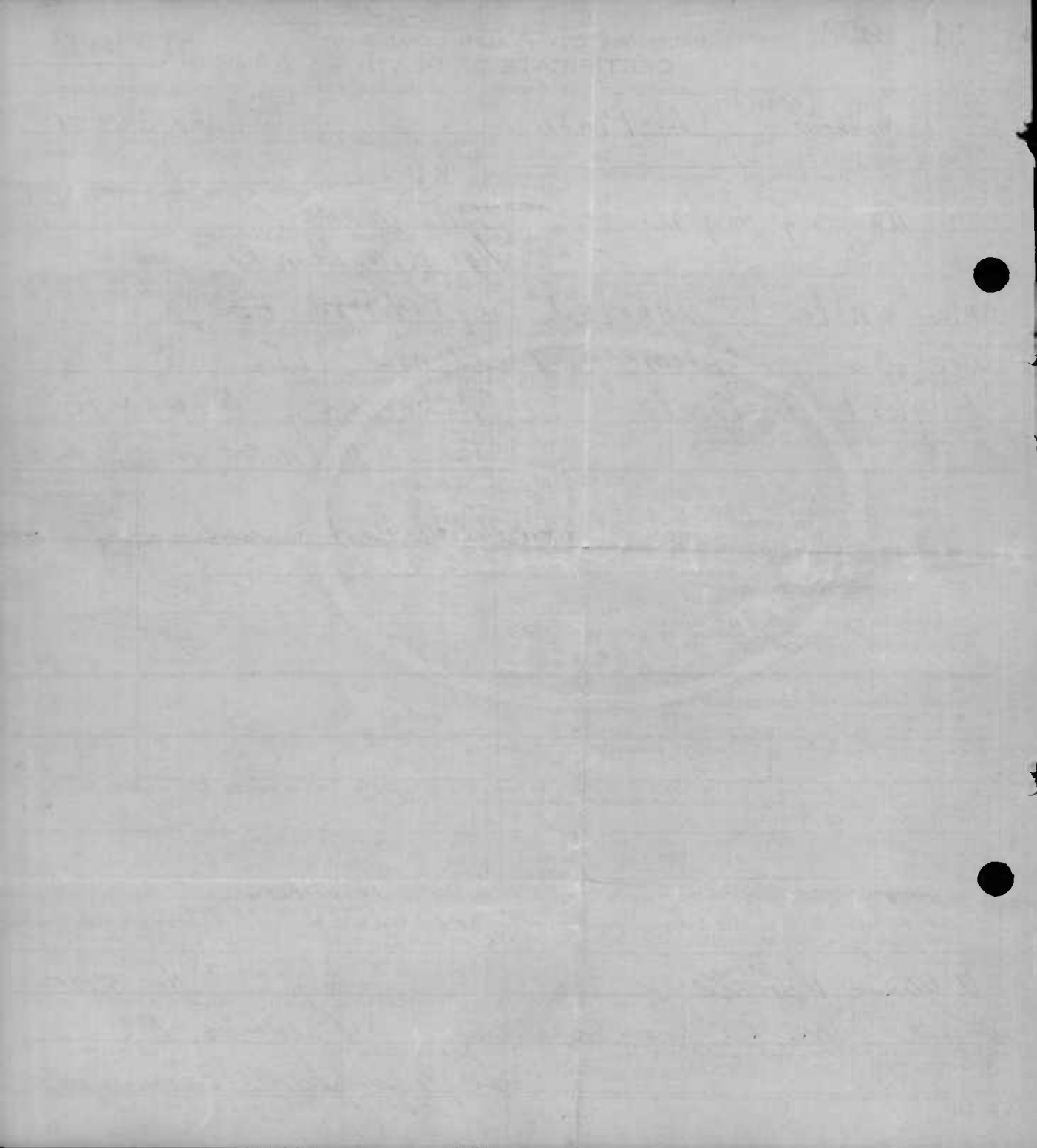
REGISTRAR'S SIGNATURE

**William H. Witzke**

25. FUNERAL DIRECTOR

ADDRESS

**Harry N. Witzke 4401 Edmondson**



51 9493

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9493

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Fielder M. Howell

2. DATE  
OF  
DEATH

Nov 3-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 924 W. North Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

924 W. North Ave

C. Length of stay in Baltimore

88

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)  
Married

8. DATE OF BIRTH

July 11-1863

9. AGE (In years  
last birthday)

88

10 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Broker

10B. KIND OF BUSINESS OR  
INDUSTRY

Insurance

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George Henry Howell

14. MOTHER'S MAIDEN NAME

Virginia Magruder

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.  
None

17. INFORMANT

ADDRESS

Mrs Emma B. Howell 924 W. North Ave

18.

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Carcinoma of Prostate  
metastasesINTERVAL BETWEEN  
ONSET AND DEATH

3 years

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

Cardiac Hypertrophy  
& Cardiac Decompensation

5 years

(C) ...

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946, 19, to Nov. 3, 1951, that I last saw the  
deceased alive on Nov. 3, 1951, and that death occurred at 3:52 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Nov. 6-1951

Greenmount

Baltimore, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 5 - 1951

Huntington Williams, Jr.

Bedlamby Jr

2224 N. Charles St

1941-1942

1941-1942

1941-1942

1941-1942

1941-1942

1941-1942

1941-1942

1941-1942

1941-1942

1941-1942

1941-1942

1941-1942

1941-1942

1941-1942



51 9494

51 9494

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

FREIDA HYMAN

2. DATE  
OF  
DEATH

11-5-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4613 Box Hgts Ave

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
STATE

B. COUNTY

before admission)

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

Mt Sinai Home

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 15-12

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

2438 Keyworth Ave

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

Female White

widow

70

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTH PLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

house wife

Lith

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Charles

Julia

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Charles Hyman - same

18. 420.1 CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) .....

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) .....

DUE TO

(C) .....

acute myocardial failure  
chronic coronary disease

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from 9/15, 1951, to 11/2/51, 1951, that I last saw the  
deceased alive on 11/2, 1951, and that death occurred at 2:47 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

A. L. Bornstein

M. D.

204 E. Biddle St

11/5/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 5 - 1951

Huntington Williams, M.D.

Jack Lewis 2100 Euter Pl



Hornstein  
2046 Buddle St

VALLEY  
RIDGE  
BOND

60 51 9495

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9495

Registered No.

BIRTH NO.			2. DATE OF DEATH <b>November 3, 1951</b>		
1. NAME OF DECEASED (Type or Print) <b>Emma D. Sudrow</b>					
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>3614 Buena Vista Avenue</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 13-08</b>		
D. STREET ADDRESS (If rural, give location) <b>3614 Buena Vista Avenue</b>					
Length of stay in Baltimore <b>65 years</b>					
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>June 29, 1879</b>	9. AGE (in years last birthday) <b>72</b>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk Office</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>Badge and Button</b>		
11. BIRTHPLACE (State or foreign country) <b>Pennsylvania</b>			12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>		
13. FATHER'S NAME <b>George Sudrow (M)</b>			14. MOTHER'S MAIDEN NAME <b>Emma Kobbe</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>217-22-9683A</b>		
17. INFORMANT <b>Miss Mary C. Monk</b>			ADDRESS <b>3614 Buena Vista Ave.</b>		
18. <b>422.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Congestive Heart Failure</b> DUE TO <b>Anteriorly Dis</b> DUE TO <b>Anteriorly Dis</b> DUE TO <b>Anteriorly Dis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>0</b>			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Oct 15, 1951</b> , to <b>Nov 3, 1951</b> , that I last saw the deceased alive on <b>Nov 2, 1951</b> , and that death occurred at <b>2 P.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Edward H. Hannan</b> M. D.			23B. ADDRESS <b>431 Falls Rd.</b>		23C. DATE SIGNED <b>11/5/51</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Nov. 6, 1951</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Baltimore</b>	
24D. LOCATION (City, town, or county) (State) <b>Baltimore, Maryland</b>					
DATE RECEIVED BY LOCAL REGISTRAR <b>Nov 5-1951</b>		REGISTRAR'S SIGNATURE <b>W. Williams, Jr.</b>		25. FUNERAL DIRECTOR <b>Burgee Funeral Home</b> ADDRESS <b>3631 Falls Road</b>	

VS 150

39032

Horace F. Burgee

937



650  
51 9496BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

51 9496

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

ARCHER O. WAREHIME

2. DATE  
OF  
DEATH

November 2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION Franklin Square Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE  
MarylandC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 19-03

D. STREET ADDRESS (If rural, give location)

38 S. Carey Street

Length of stay in Baltimore

47 years

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Divorced

8. DATE OF BIRTH

Feb. 11, 1900

9. AGE (in years  
last birthday)

51

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Machinist

10B. KIND OF BUSINESS OR  
INDUSTRY

B. &amp; O. Railroad

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?  
U S A

13. FATHER'S NAME

John T. Warehime

14. MOTHER'S MAIDEN NAME

Olevia Agnes Myers

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

1st World

16. SOCIAL  
SECURITY NO.

?

17. INFORMANT

Mrs. Bessie Gone

ADDRESS

1308 W. 41st Street

18. E8900 I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Asphyxia

DUE TO Accidental carbon monoxide poisoning

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) \_\_\_\_\_  
DUE TO \_\_\_\_\_  
(C) \_\_\_\_\_II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)  
home21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

38 S. Carey Street 19/3

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

11/2/51 6:15 A.m.

21E. INJURY OCCURRED  
WHILE AT WORK ☐ NOT WHILE ☒  
AT WORK

21F. HOW DID INJURY OCCUR?

Inhaled gas from stove (defective coal stove)

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

23B. CHIEF MEDICAL EXAMINER ☒  
ASSISTANT MEDICAL EXAMINER ☐  
M.D. MEDICAL INVESTIGATOR ☐23C. DATE SIGNED  
11/2/5124A. BURIAL, CREMA-  
TION, REMOVAL (Specify)  
Burial

24B. DATE

Nov. 6, 1951

24C. NAME OF CEMETERY OR CREMATORY

St. Mary's Hampden

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Burgee Funeral Home 3631 Falls Road

NOV 5 - 1951

VS 151

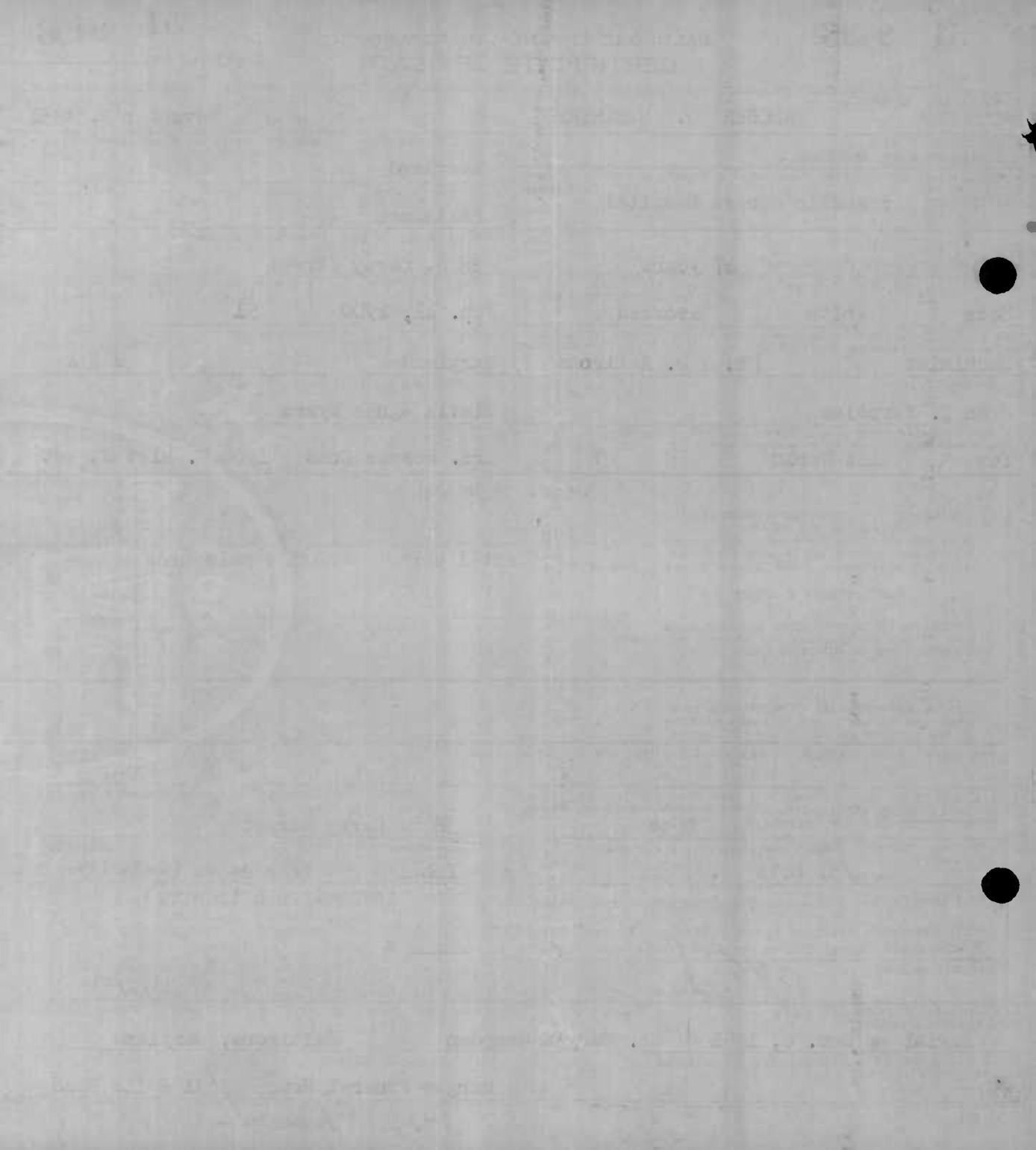
N-968.0

54450

Horace F. Burgee

178c

✓



532  
51 9497BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9497  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Alfred M. Vandegrift

2. DATE  
OF  
DEATH

November 1, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

3735 Roland Avenue

Yrs.

Mos.

Days

Length of stay in Baltimore 63 years

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3735 Roland Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

March 25, 1867

9. AGE (In years  
last birthday)

84

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Manager Retired 34 yrs.

10B. KIND OF BUSINESS OR  
INDUSTRY

Cotton Mill

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U S A

13. FATHER'S NAME

John M. Vandegrift

14. MOTHER'S MAIDEN NAME

Margaret A. Fielding

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Miss Carrie F. Laird 3735 Roland Avenue

18. 4200

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Arteriosclerotic Heart  
DiseaseINTERVAL BETWEEN  
ONSET AND DEATH

10 min.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐

WORK

NOT WHILE ☐

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from DOA - 19, to 11 - 1, 1951, that I last saw the  
deceased alive on, 19, and that death occurred at 10 P. m., from the causes and on the date stated above.

23A. SIGNATURE

R. S. Fisher M. D.

23B. ADDRESS

700 Fleet St

23C. DATE SIGNED

Nov 3, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 5, 1951

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

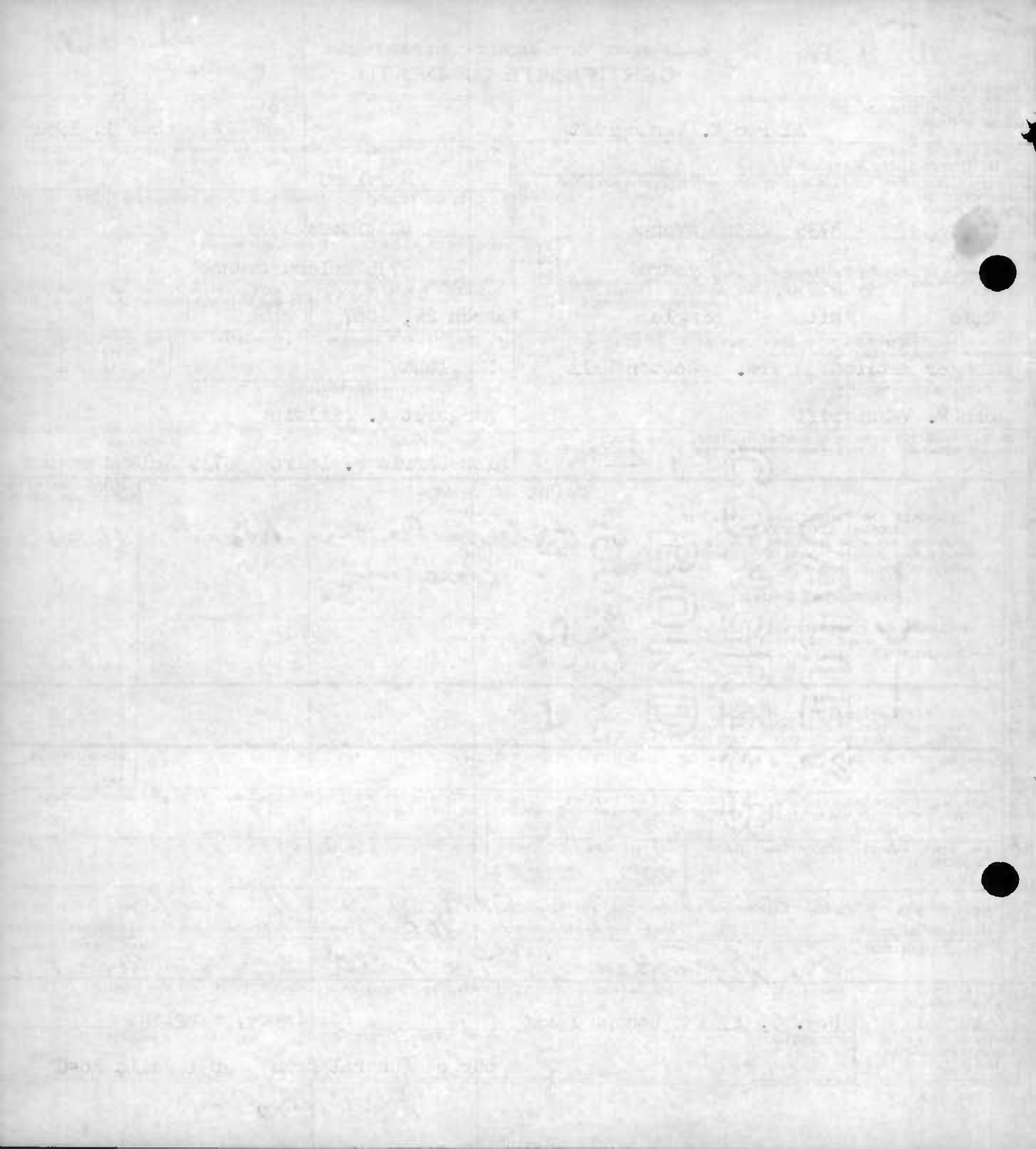
25. FUNERAL DIRECTOR

ADDRESS

Burgee Funeral Home 3631 Falls Road

VS 150

Horace F. Burgee 937





436 51 9498

C-5180/11-2/2096-CC  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 9498  
Registered No.

BIRTH NO.

## 1. NAME OF DECEASED

(Type or Print) Walters, Louise LOUISE WALTER

2. DATE OF DEATH Sat., Nov. 3, 1951

## 3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

Anne Arundel

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE South Baltimore Gen'l. Hosp.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Brooklyn

D. STREET ADDRESS (If rural, give location)

Maine Ave. &amp; Cresswell Road 5200

C. Length of stay in Baltimore

1

XX  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

July 29, 1875

9. AGE (In years

last birthday)

76 yrs.

If Under 1 Year Months Days  
If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

John Rhineschmidt

14. MOTHER'S MAIDEN NAME

?

?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Bernard P. Walter (Son)

ADDRESS

4611 Ritchie

18.

CAUSE OF DEATH

Hwy., Balto 25, Md.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, assthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute congestive heart failure hours

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B) Hypertensive cardiovascular disease years  
(C) Arteriosclerosis heart disease years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-2-51 to 11-3-51, 1951, that I last saw the deceased alive on 11-3-51, 1951, and that death occurred at 6 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Agustin del Campo

23B. ADDRESS

1213 Light St Balto Md

23C. DATE SIGNED

11-3-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Tues. Nov. 6, 1951

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill Cem.

24D. LOCATION (City, town, or county)

Brooklyn, A.A.Co., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

NOV 5 - 1951

REGISTRAR'S SIGNATURE

Curtis E. Evans

25. FUNERAL DIRECTOR

ADDRESS

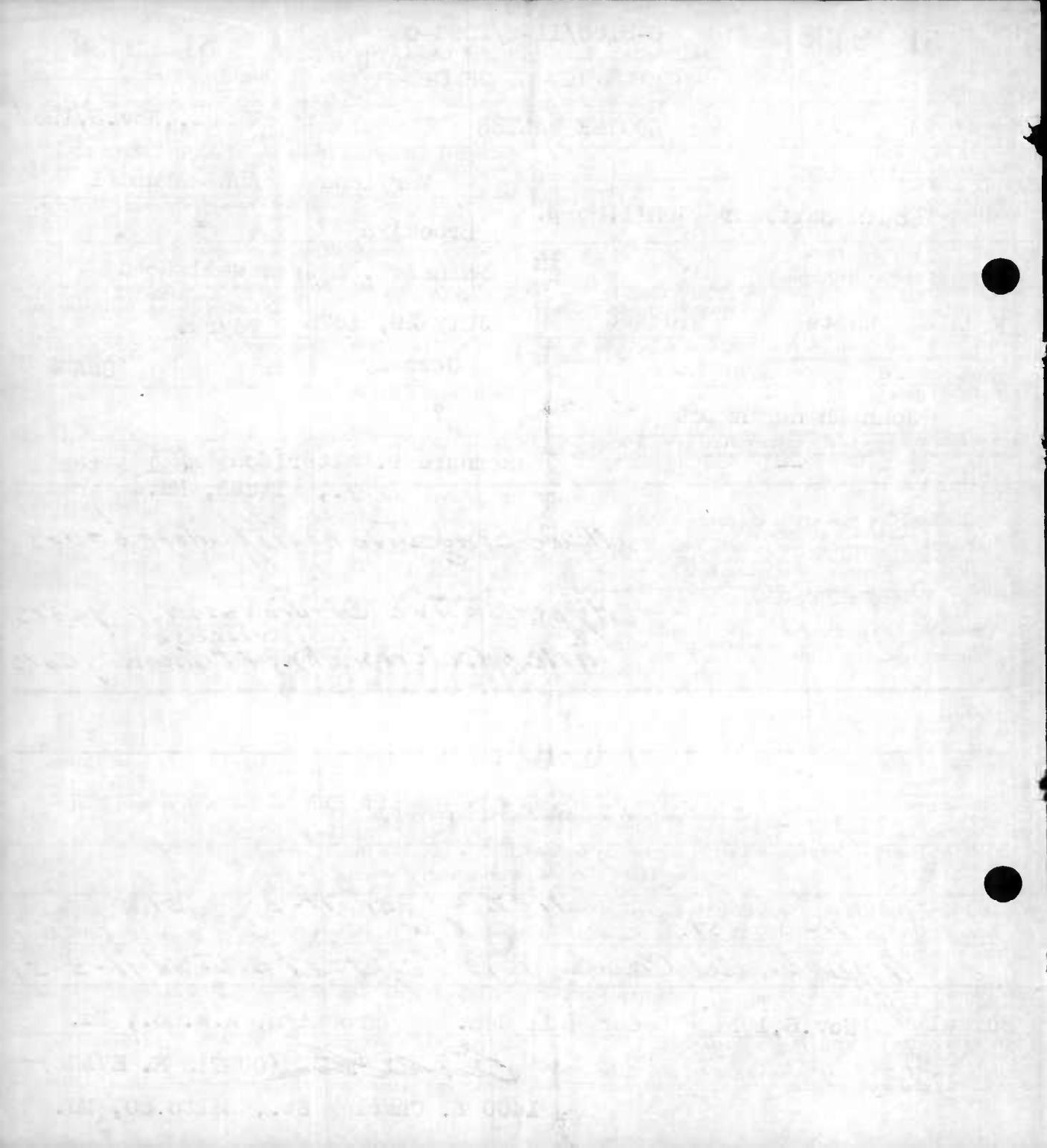
Curtis E. Evans (CURTIS E. EVANS)

VS 150

1400 S. Charles St., Balto. 30, Md.

937

MEDICAL CERTIFICATION



320

51 9499

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9499

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

HENRY KUTZ

2. DATE  
OF  
DEATH

Nov. 2 - 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md.

B. COUNTY

before admission)

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

2001 Fleet St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto. City 2-03

D. STREET ADDRESS (If rural, give location)

2001 Fleet St

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9. AGE (In years;  
last birthday)

63

10. Under 1 Year  
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR  
INDUSTRY

Arc Roof.

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Frank Kutz

STEEL ROOFING

14. MOTHER'S MAIDEN NAME

Josephine Urbanska

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)16. SOCIAL  
SECURITY NO.

312-14-4015

17. INFORMANT

ADDRESS

Anna Siemsek 2001 Fleet St.

18. 334X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Hemiplegia (R)

10-30-51

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertension

1 yr.

(C)

Arteriosclerosis

2 yrs.

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1950, to Nov. 2, 1951, that I last saw the  
deceased alive on Nov 2, 1951, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
REGISTRAR

REGISTRAR'S SIGNATURE

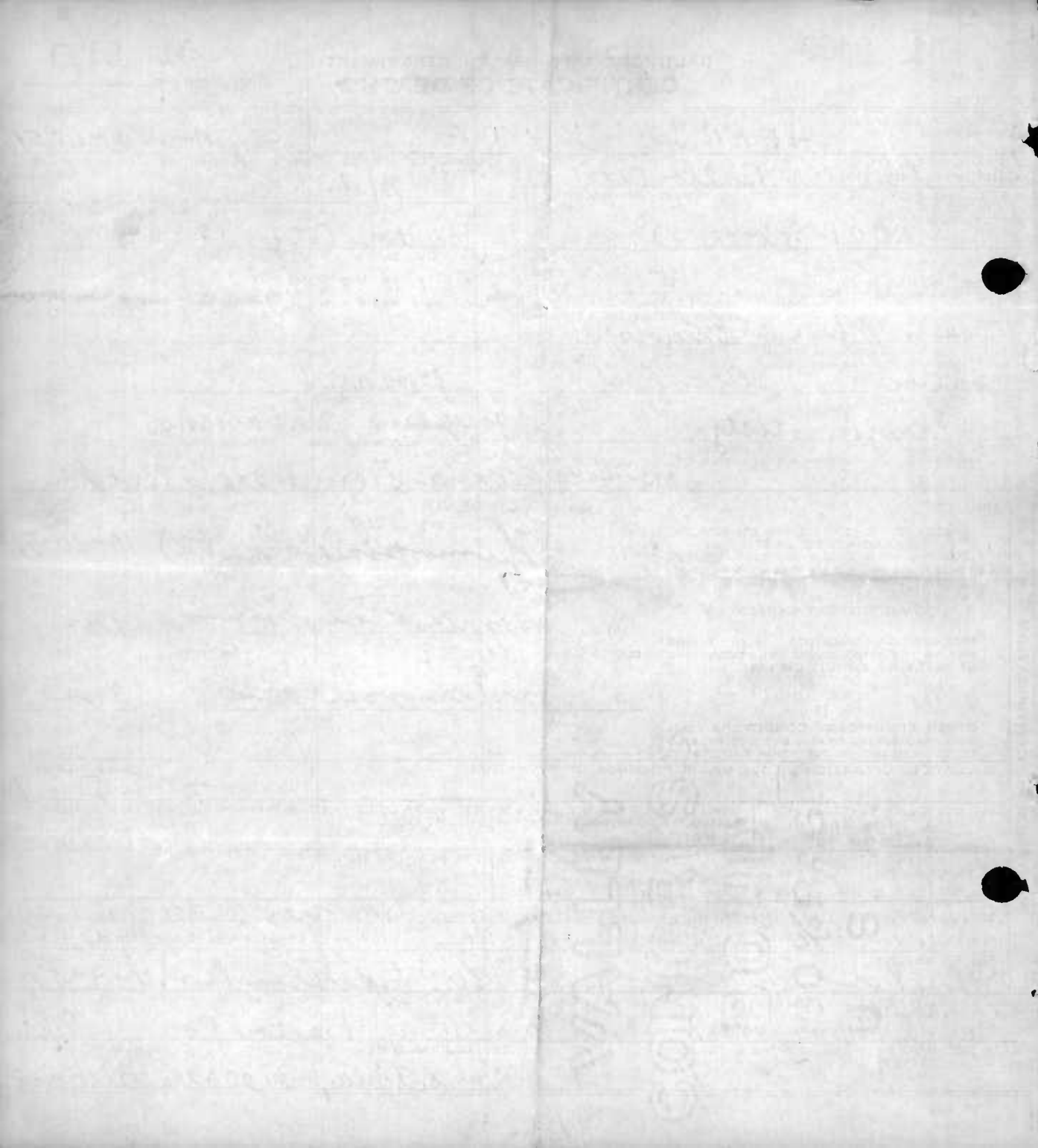
25. FUNERAL DIRECTOR

ADDRESS

NOV 5 1951

Thurston Williams

Wm. S. Fialkowski 2007 Eastern Ave



51 9500

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 9500

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

George F Schierer (GEORGE F. SCHIERER)

2. DATE  
OF  
DEATH

Nov 3 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Maryland

B. COUNTY before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

Union Memorial Hosp.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

27-4/4

D. STREET ADDRESS (If rural, give location)

5320 Holder Avenue

C. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 11, 1879

9. AGE (In years  
last birthday)

72

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Unknown

17. INFORMANT 304 Woodbourne Avenue

Mrs Lydia E. Miller

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Real Estate

10B. KIND OF BUSINESS OR  
INDUSTRY

own

13. FATHER'S NAME

George Frederick Schierer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

none

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Arteriosclerotic Cardiovascular

DUE TO

## ANTECEDENT CAUSES

(B)

Disease

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

W. J. Williams

23B. CHIEF MEDICAL EXAMINER.....  
ASSISTANT MEDICAL EXAMINER.....  
MEDICAL INVESTIGATOR.....23C. DATE SIGNED  
Nov 4 1951

M.D.

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

burial

24B. DATE  
11/6/5124C. NAME OF CEMETERY OR CREMATORY  
Loudon Park Cemetery24D. LOCATION (City, town, or county)  
Baltimore, Md.DATE RECEIVED BY  
LOCAL REGISTRAR

NOV 5 1951

REGISTRAR'S SIGNATURE

W. J. Williams, M.D.

25. FUNERAL DIRECTOR

HENRY SANDER &amp; SONS, INC

BALTO. 13, MD.

ADDRESS

VS 151

47074

93D

MEDICAL CERTIFICATION

DECLARATION OF DEATH

1. Name of Deceased		2. Date of Death	
3. Place of Death		4. Cause of Death	
5. Name of Informant		6. Signature of Informant	
7. Name of Physician		8. Signature of Physician	
9. Name of Coroner		10. Signature of Coroner	
11. Name of Registrar		12. Signature of Registrar	
13. Name of Burial Place		14. Signature of Burial Place	
15. Name of Undertaker		16. Signature of Undertaker	
17. Name of Cemetery		18. Signature of Cemetery	
19. Name of Funeral Home		20. Signature of Funeral Home	
21. Name of Mortician		22. Signature of Mortician	
23. Name of Embalmer		24. Signature of Embalmer	
25. Name of Transporter		26. Signature of Transporter	
27. Name of Interment		28. Signature of Interment	
29. Name of Burial		30. Signature of Burial	
31. Name of Burial		32. Signature of Burial	
33. Name of Burial		34. Signature of Burial	
35. Name of Burial		36. Signature of Burial	
37. Name of Burial		38. Signature of Burial	
39. Name of Burial		40. Signature of Burial	
41. Name of Burial		42. Signature of Burial	
43. Name of Burial		44. Signature of Burial	
45. Name of Burial		46. Signature of Burial	
47. Name of Burial		48. Signature of Burial	
49. Name of Burial		50. Signature of Burial	
51. Name of Burial		52. Signature of Burial	
53. Name of Burial		54. Signature of Burial	
55. Name of Burial		56. Signature of Burial	
57. Name of Burial		58. Signature of Burial	
59. Name of Burial		60. Signature of Burial	
61. Name of Burial		62. Signature of Burial	
63. Name of Burial		64. Signature of Burial	
65. Name of Burial		66. Signature of Burial	
67. Name of Burial		68. Signature of Burial	
69. Name of Burial		70. Signature of Burial	
71. Name of Burial		72. Signature of Burial	
73. Name of Burial		74. Signature of Burial	
75. Name of Burial		76. Signature of Burial	
77. Name of Burial		78. Signature of Burial	
79. Name of Burial		80. Signature of Burial	
81. Name of Burial		82. Signature of Burial	
83. Name of Burial		84. Signature of Burial	
85. Name of Burial		86. Signature of Burial	
87. Name of Burial		88. Signature of Burial	
89. Name of Burial		90. Signature of Burial	
91. Name of Burial		92. Signature of Burial	
93. Name of Burial		94. Signature of Burial	
95. Name of Burial		96. Signature of Burial	
97. Name of Burial		98. Signature of Burial	
99. Name of Burial		100. Signature of Burial	